MMPI SCORES OF PSYCHOPATHIC AND NON-PSYCHOPATHIC PRISONERS OF A PROVINCIAL GAOL

by R. A. Craddick

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SYNOPSIS

The present research is a pilot study in the field of psychopathy which is attempting to answer two problems:

1. What criteria may be used to determine a psychopathic group?
2. Is the MMPI a valid test in determining the presence of a psychopathic group?

A list of psychopathic characteristics was compiled from the literature. This list was assumed to be representative of psychiatric opinion on the subject. Ten Saskatchewan psychiatrists rated these items as being either "very significant," "significant," or of "little significance" in diagnosing a psychopath. The lists from three of the psychiatrists who showed the greatest number of items scored unanimously were selected. From the items which they scored identically, a final check list of twelve psychopathic characteristics was compiled and an arbitrary rating given to each item. Ratings were 2 for items rated "very significant," and 1 for items rated "significant." No score was assigned to items rated as being of "little significance" as they were not included in the final list. A total of 118 male prisoners were rated on this list.

By establishing an arbitrary cutting score, three groups were obtained from the entire prison group. These were established on the basis of their total score out of a possible score of 22. The group representing the top one-third of the scores was considered as portraying "psychopathic" characteristics. The group representing the lowest one-third of the

scores was considered as portraying "non-psychopathic" characteristics. The central scoring group was considered as a "general" prison group.

The MMPI was administered to these subjects and a composite profile was drawn up for the members represented in each of the three groups and for the entire prison group.

The entire group was compared with another prison group and results indicated that they present very similar MMPI profiles. From these results it was concluded that the entire Regina group was representative of a prison group.

The MMPI appears to distinguish the "psychopathic" group from the "non-psychopathic" group in this study by means of the Hs, Pd plus .4K, Pt plus 1K, and Ma plus .2K scales with a significance better than the 1% level of confidence. The "psychopathic" group is differentiated from the "general" group by the Pd plus .4K and the Ma plus .2K scales with a significance better than the 1% level of confidence. Only one scale, i.e. the Ma plus .2K, distinguishes the "non-psychopathic" group from the "general" prison group with a significance better than 1%. Without the K factor, these two last mentioned groups are differentiated on the Hs, Pd and Ma scales with a significance better than the 0.5% level of confidence.

In summary, it appears that the check list is a fairly good method of establishing a psychopathic group. Assuming that it was a valid establishment of both the "psychopathic" and "non-psychopathic" groups, the MMPI appears to be valid in detecting them from a general prison group.

THE UNIVERSITY OF ALBERTA

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CHAPTER 1

INTRODUCTION

This research arose primarily out of an interest and subsequent study in the field of psychopathy. Early in the course of this study it became apparent that, although the field was wide, it was ill-charted with poorly defined boundaries. The literature included many articles both theoretical and experimental, yet failed to answer the problem of how the psychopath could be diagnosed.

The problem of diagnosing this "enigmatic" (58) personality is frequently encountered in mental hospitals, prisons and penitentiaries. Every "authority" on the psychopath appears to have his or her own criteria for diagnosis. Criteria appear to be based to a large extent on the area in which the "authority" is primarily interested. For examples of this "bias" shown in diagnostic criteria one merely has to note that to some the psychopath shows a "poor conscience or defective character of conscience" (22), others claim he is "an instinct-ridden character" (17), Lindner (39) believes the psychopath is a "rebel without cause," and others state that he is either not human[1] or is a

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1 From personal contacts with Dr. G. Russon. Dr. Russon did not quote the source of this statement other than he heard another medical man offer this opinion.

"fictitious entity" (18). To many psychiatrists, clinical psychologists, penal and reform workers, legal men, and the man-on-the street, the term "psychopath" carries some particular meaning. Yet there appears to be little convergence of thought in respect to basic characteristics which delineate the psychopath from the "near-normal," neurotic or psychotic person. However, it is imperative that the psychopath be segregated from the neurotic, psychotic and "near-normal" individual in many instances.

The prison and penitentiary are excellent examples of institutes wherein it is advisable to segregate the psychopath from his fellow prisoners. This point cannot be over-emphasized in a penal institute which is attempting to carry on a program of rehabilitation of the prisoner. Although some clinicians maintain that there are psychopaths in existence who appear to obtain sudden insight while walking down the corridors of a prison (12), these cases seem to be the exception rather than the rule. It is generally thought by men like Karpman that the psychopath is seldom worth the time and effort required in working with him[1]. Bromberg mentions that

> "One wonders in relation to the complex problem, whether psychiatry has not been frightened by

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1 Dr. Russon has mentioned the possibilities that those who are most pessimistic about the treatability of the psychopath may be reflecting the limitations of their own therapeutic technique.

> the sardonic, snarling mask of the psychopath behind which lies the frightened, lonesome face of the neurotic character." (4)

Neustater states that the psychopath within a prison "can be a great trial," as he has in many cases received every and all types of punishment and consequently has nothing more to fear (48). It requires little imagination to consider the effect of this type of person on a rehabilitation program being carried on within a penal institute. Time spent on him could probably be much more profitable if spent on a non-psychopathic prisoner. Also, before he makes his psychopathic personality too evident to the treatment staff, he will have disrupted the program for others. Segregation of the psychopath from the non-psychopath appears imperative before adequate treatment programs can be executed.

The necessary segregation of two such groups is difficult even in such places as mental hospitals where psychiatrists are available for diagnosing the patients. Within many penal institutes the problem is aggravated by lack of a psychiatrist to examine all the inmates as they are admitted. It follows then, that some method must be used where a psychiatric diagnosis is not required to differentiate the psychopath from the non-psychopath. Once such groups had been determined, one could use them to validate tests which were supposedly

constructed to indicate the presence of a psychopathic personality. A test such as the Minnesota Multiphasic Personality Inventory[1] (27, 28, 29, 30, 43, 44, 45, 46, 47A) which is easy to administer and score and which has a definite scale which supposedly will indicate a psychopathic personality, could be chosen to test its validity with such groups. Such a test might also be useful in perhaps indicating other characteristics of a psychopathic group; e.g. as shown by various MMPI scales, and the general MMPI profile (24, 45, 47, 55).

In view of these merits and because it was thought that the Psychopathic deviate[2] scale was established on a group with questionable psychopathic diagnostic methods, the MMPI was chosen as the test to be validated in this study.

The test itself appeared to require validation studies, both because of the manner in which it was established and standardized, and because of the studies being undertaken which assume it to be a valid test (e.g. 38). There appears to be a great need not only to validate the MMPI but also to establish some better basis for selecting a psychopathic group on which to validate the test.

The present study is an attempt to establish a psychopathic group by means of a check list of characteristics

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1 Hereinafter called the MMPI

2 Hereinafter referred to as the Pd scale

which was developed from unanimous psychiatric rating of various characteristics of the psychopath. Such a list could be used by someone (e.g. the writer) without having to rely on the services of a psychiatrist, and yet present a method of diagnosis which would be similar to that used by the psychiatrist, were he available.

CHAPTER 2

HISTORY OF THE CONCEPT OF THE PSYCHOPATHIC PERSONALITY

Many articles have been written on the history of psychopathy. Henderson (31) and Gurvitz (23) give admirable accounts of the historical trends of thought relating to this concept.

Even a brief account of the history of psychopathy must mention the name of Prichard, who in 1835, coined the terms "moral insanity" and "moral imbecility." Most writers claim that following Pinel's description of the "manie sans delire," Prichard may be considered one of the first men to draw attention to what we now term "psychopathy." However, it is of interest to note that in 1561, Jerome Cardan of Pavia (who, it is claimed, was a brilliant intellect and pioneer in psychiatry) gave an admirable description of what may be a psychopathic personality. In his book, Utilitate ex Odversis Capenda, (1561), he describes immorality as corresponding to a moral mania. He claims that "immorality is nothing more than a disease of the spirit, and malignant stupidity which does not reach the point of total insanity because even the immoral are able to control their will power to a certain extent[1] (37).

1 An interesting feature relating to Cardan's writing is that it was done after he had beheaded his son and poisoned his wife. (One may wonder at the apparent insight that Cardan had of this syndrome.)

It would be difficult to determine the origin of the psychopath. One could speculate that he existed from the first time there was a human community. Some writers might claim that psychopathic behaviour is the result of man's fight for survival. Others might claim that Cain (33) himself portrays the psychopathic personality very well[1].

Koch, in 1888, coined the term "psychopathic inferiority." In 1906, Naecke termed this as "moral idiocy." Six years later, Adolf Meyer excluded the neurosis from psychopaths, claiming the origin of the psychopath was in constitutional inferiorities. Stein, in 1913, set up a classification for "moral insanity." He believed it had one of two forms; i.e. either congenital or acquired. By 1914, the criminal qualities of psychopathy were receiving recognition. Birnbaum claimed that the psychopath could not be identified with the criminal, nor was criminal behaviour "the primary manifestation of the psychopath." In 1917, Tredgold and Mercier disagreed on the definition of "moral

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1 Cain appears to present a rather good example of the psychopath's lack of affectivity, and also his narcissistic attitude. He appears to have felt badly when apprehended for his crime. Yet, no feelings of sorrow or remorse are evidenced for his actual committing of the crime.

To some, the story of Cain might present grounds for arguing the heredity component of psychopathy. To others (e.g. Visher) it might appear that if Cain were the first psychopath--the "typical" characteristic feature of wanderlust was forced upon him.

imbecility." Glueck, in 1918, began possibly the first scientific evaluation of the criminal psychopath at Sing Sing. Later studies were carried on by Visher who in studying veterans, came to the conclusion that military life provided a sublimation for the wanderlust of the psychopath. "Moral imbecility" in the British Mental Deficiency Act was changed to "moral defective" in 1927.

In 1930, there appears to be a sudden uprise of thought with a somewhat original trend. Alexander put forth his idea of the "neurotic character" who lives out his impulse and who succeeds in "actualizing (his) world of fantasy, despite the fact that (he may) do so by bringing disaster upon (himself)." To Alexander, the psychopath appeared to live a life "full of demoniac compulsion." His ego is so permeated by the id that conscious conflict and insight are absent. Partridge, however, describes the clinical manifestations of the psychopath as being either neurotic in nature, or strongly infantile. To him, the psychopath represented a person in whom "strong demands were accompanied by feelings of inadequacy, inferiority or insecurity." The psychopath reacted to this in one or more typical reaction patterns of "tantrums, sulks and running away." He believed that such a person was acting in this manner to protect himself against some forms of mental illness. Partridge at this time presented his term "sociopathy"--

which designated a deviation in social relations of individuals or groups, and believed that such a term was better than that of "psychopathy."

Kahn, in 1931, postulated quantitative deviations in impulse life, temperament, ego and character. He believed that the psychopath met the same problems as did others, yet the psychopath adjusted differently to these problems.

Noyes claims that Kahn offered little influence on current thinking, as his concept was a theoretical one. Noyes explained psychopathic behaviour as an expression of unconcious conflict. Here the conflict was expressed through "stereotyped, irrational and socially inept or hostile behaviour." The symptom in the psychopath was that of a "moral defect."

In 1934, Schilder appears to have followed Noyes thinking. To Schilder, psychopaths are "those abnormal personalities who suffer from their abnormality or produce suffering in their environment."

Three years later, Wittels returned to the psychoanalytic concept of the psychopath. He believed that there was a fixation at the protophallic state, and thus there was no anxiety and little or undeveloped superego. Ray followed this trend of thought when in the following year he termed such cases as "partial moral mania," whose

symptoms were "the occurrence of irresistable impulses."

Henderson seems to have attempted to consolidate the heredity and environmental viewpoints regarding psychopathy. He gives a working definition of "psychopathic states," which he claims are caused by the interaction of heredity and environmental factors.

Cleckley, in the Mask of Sanity (1941), states that the psychopath suffers from "semantic dementia"; i.e. he goes through only the outer manifestations of functioning.

In 1944, Preu (51) brings out the current conception that the diagnosis of the psychopath is done by "exclusion." He mentions that "when an attempt is made to pin down the diagnosis of the psychopath in terms of pathognomic symptoms, it vanishes as a clinical entity." He believed that "the psychopathic personality is not a recognizable entity in the descriptive behavioural sense. Preu pointed out the vagueness of the diagnosis--but offered little to clarify it.

Brieker, in 1945, offered a return to the conflict conception of the psychopath. The manner in which the psychopath solves his conflict, distinguishes him from the psychotic and the neurotic. The psychopath has only outer conflict to contend with. He is unable to conceive moral standards of the group and must (if he is to be helped) develop a "common sense."

The factor of learning socially acceptable behaviour is continued by Cason, who from 1946 to 1948 contended that the psychopath cannot control his behaviour because he has not learned to do so. Thus, to Cason, the psychopath presents a case of "unlearned behaviour."

Bender's work with psychopathic children in 1946 appears to again return to the idea that the typical impulse behaviour is "pre-oedipal, pre-superego, and pre-narcissistic." The psychopath can imitate behaviour yet there is no relationship to real meaning of experience[1].

Maughs (58) given a good description of the history of the psychopath. In his paper he mentions that the concept of psychopathy could be divided into three periods. The first period (1800-1900) he called the period of "moral insanity." The second period (1900-1924) he terms the "psychopathy" period. The third period (1925-1941) he called the "psycho-dynamic" period.

Many of the current writers, with the exception of individuals like Freyhan, who has previously been mentioned, and the odd medical man who claims that such a person as the psychopath may not even be human, are of the opinion that such a syndrome actually exists. The dynamic interplay of both social and psychological forces seems to be accepted in accounting for the psychopathic behaviour. Lourie (40) differentiates between psychopathic

1 Taken primarily from Gurvitz (23) and Henderson (31).

behaviour and psychopathic personality. He claims that the latter does not necessarily indulge in the former. The emphasis that the psychopathic personality has the ability to learn the socially acceptable forms of behaviour is perhaps over-stressed by Lourie. Usually, one must judge underlying personality by overt behaviour. Behaviour thus is synonymous with personality which is deduced from the behaviour itself. In view of this, no difference will be made in describing either the personality per se or the behaviour per se, throughout the rest of this study.

The psychoanalytic viewpoint on psychopathy appears to favor the idea of a weak, absent or partial superego (17). Because of this condition of the superego, the psychopath is able to "isolate" this portion of his ego by the "bribing" of it (17). That is, to Fenichel, the superego can be bribed not to interfere with the impulse gratification--providing there is a good chance of forthcoming punishment for the individual. Bergler is in agreement in part with Fenichel's ideas but insists that there is a superego which is comparatively strong (i.e. it is strong enough to cause the unconscious bribing of it). Cleckley (11) also agrees with the punishment desire of the psychopath. Alexander's "neurotic character" appears to exhibit this allowance of impulse behaviour with the proviso that there will be

a self-injuring component attached to it.

The foregoing statements depict a very brief account of the history of the psychopathic personality and give a hint only of the current ideas on the subject. One must be aware that the field of psychopathy is large and is composed of many areas of thought (e.g. psychoanalytical, social, medical, legal, etc.)which could not be covered adequately in a paper of this scope.

CHAPTER 3

REVIEW OF PREVIOUS STUDIES[1] ON PSYCHOPATHY

Throughout the Psychological Abstracts for at least the past twenty-five years, there are articles on either a study of psychopathy or on the concept itself in the literature each year. This indicates that there is, and has been, a great deal of interest in this area since about the time of Alexander's publication on the "neurotic character." Kimberg[2] has mentioned that "in the good old times one exported such cases (i.e. psychopaths) to the United States where most of them went to the dogs or were sent back by their consulate." However, the times of such lack of interest in this type of individual are long past. Not only psychiatrists and psychologists are interested in him, but so are the law enforcing agencies and the general public[3]. The interest in the psychopath is not confined to the West but may be seen in the East (e.g. the work done by Dai in Peiping) (14).

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1 Work done by such authorities in psychopathy as Karpman, B., and Lindner, R., are not cited as they are given in journals not available for this study at the University of Alberta.

2 Taken from Psychological Abstracts: Kimberg, O. On the Concept of "psychopathy" and the Treatment of the So-Called "Psychopaths"--Theoria, 1946, 12 p 69.

3 This was indicated in the coverage given by the local newspapers to the investigation on the "sexual psychopath" by the Royal Commission in its attempt to revise the Criminal Code of Canada.

The present review does not presume to take in the broad area of psychopathic studies, but confines itself to studies which may be of interest to the problem under discussion. This will include studies relating to methods of determining diagnostic criteria for the psychopathic group and results obtained from a "psychopathic" group on the MMPI.

Bernberg (2) presents a study which is similar in part to the first portion of the present investigation. He has developed a questionnaire which he claims measures social conformity in the individual. This differs from the check list of characteristics discussed in the present study in that Bernberg's list is checked by the subject, whereas the list used by the writer is checked by the examiner.

Cason (7) presents an excellent study of determining psychopathic characteristics. He used subjects who were released from a Federal penitentiary and were confined to a hospital which was exclusively for psychopathic individuals. By splitting his groups of willing subjects into three groups (i.e. 1. a maladjusted group; 2. a psychopathic group; 3. a criminal psychopathic group) and comparing them with a control group (i.e. staff of the hospital) he arrived at a list of twenty characteristics. He used a list of 1000 sub items on which each group was checked. The items which differentiated the psychopathic group from the others

were then grouped into five super groupings. These were called:

1. Historical--e.g. History of poor behaviour
2. Morals--e.g. Poor conscience
3. Cognition--e.g. Egocentric
4. Affection--e.g. Hostile
5. Conation--e.g. Impulsive

Four items were included under each heading given above[1].

Clark et al (10) give an account of an excellent study on psychopathy. They have noted that the psychopath and the prisoner may be very distinct. They also mention the fact that what they are presenting is merely a cross-sectional study at a particular point in the individual's life in prison. This fact is too often overlooked by investigators and may result in sweeping conclusions which may not be valid in any other setting but that of a prison. The study by Clark et al is perhaps one of the most systematic presented in the literature in regard to studies on the psychopath. They state the general criteria on which their diagnosis of a psychopath is based (i.e. that presented by Henderson and Cleckley). In this manner, they determined a psychopathic group of prisoners. Then, using a control group of randomly selected prisoners, they compared the two

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1 The symptoms given by Cason are not unlike those given in the check list of the present study. The items in the list of the present study differ in their source from Cason's.

types of groups to determine which characteristics differentiated the two groups. They used I.Q. tests, questionnaires, EEG's and even capillary microscopy of fingernails to determine characteristics which differentiated these two types of groups from each other with a significance at, or better than, the 1% level. Their findings included, among other things, that criminal behaviour in the legal sense is almost irrelevant in distinguishing the psychopathic group from the control prison group. Another finding was that broken homes are not a significant factor in the psychopath[1].

In direct contrast to Clark's excellent study is the one done by Rogers (52). Rogers appears to have attempted a study similar to Clark's--but his method was erroneous. He established a psychopathic group by separating it from a control group on the basis of what he believed might be psychopathic characteristics. Then he proceeded to verify his criteria with <u>these same two groups</u>. Of course he achieved an excellent level of significance for his criteria.

Halperin (25) has done a general personality study of the prison group in Hawaii. This study concerned

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1 Greenacre (22) mentions that the psychopath may use the fact of poor socio-economic background as a rationalization for his imprisonment.

not only white prisoners, but also the oriental groups. Using data collected from case histories, short psychiatric interviews, the Rorschach, the Wechsler-Bellevue and Bender Gestalt, Halperin prepared an over-all psychological profile. The results of this profile indicated psychopathy of a neurotic or psychotic nature which differences he believed "significant" enough to eliminate the need to use the diagnostic label of psychopathic personality for his group.

Hathaway (26), using the Bernreuter personality test, worked with individuals whom he considered to be psychopathic inferiors. He found this test useful in that it showed this group to have no neurotic symptoms and presented what he termed "super-normal" behaviour. From these studies he began work on the MMPI psychopathic deviate scale[1]. (45) The limitations of the Pd scale are obvious. He used groups that were certainly not well defined as being psychopathic. In fact, his first group consisted primarily of girls sent to him from the courts

1 Hereafter, the following letters shall signify the respective scales:

? --will signify the question scale
F --validity scale
L --lie scale
K --corrections scale
Hs--hypochondriasis scale
D -- depression scale
Hy--hysteria scale
Pd--psychopathic deviate scale
Mf--interest scale
Pa--paranoia scale
Pt--psychasthenia scale
Sc--schizophrenia scale
Ma--hypomania scale
Si--social introversion-extroversion scale

for psychiatric investigation. Thus, the items[1] of the preliminary scales were weighted with factors representing a group of offenders rather than psychopaths. The group upon which he standardized his final test was a prison group of men who were diagnosed as "psychopathic[2]." Thus, the final Pd scale is heavily loaded with a prison factor (which may or may not be indicative of the psychopath). One might well question the validity of the Pd scale to indicate psychopathic personalities. It may be valid only for a prison group.

Other studies such as Guthrie's (24), Meehl (47) and Schmidt (55) are rather inadequate as they do not give any information as to the criteria used in diagnosing their psychopathic groups. Meehl, in fact, assumes the validity of the Pd scale, and using a high Pd scale as a basis for establishing a conduct disorder[3] group, he then draws conclusions as to what their profile should look like. To check the validity of his assumptions, he refers his group to the diagnosis made in the clinic. On the basis of good agreement with what he termed a conduct disordered individual from the MMPI profile and what the clinical diagnosis also called a conduct

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1 It appears from this article that he may have derived some of his Pd items from case histories of individuals whom he met in his clinical work.

2 He does not say what criteria were used to diagnose these prisoners.

3. This group contained chiefly psychopathic individuals.

disordered individual, he assumed that the profile peculiar to that group was also representative of all conduct disorder groups.

Fry (19) has done a study on a group of male prison inmates using the MMPI. He has not attempted to select his group but merely states that it is a representation of perhaps a general prison group. His study is valuable to this investigation and will be discussed in a later chapter.

Work has been done in the military field (3,9) using the MMPI to distinguish between the offender and non-offender. However, these groups were rather select in that they were composed of army men. No attempt was made to select a psychopathic or non-psychopathic group in these studies.

Although many of the studies using the MMPI are related to determining a specific profile for certain diagnostically significant personality types, not all the studies using the MMPI are restricted to this area. Some workers have assumed its validity to be great enough to warrant using it as a diagnostic tool on which to diagnose groups on whom other studies may be based. Levy and Kennard (38) appear to have fallen into this latter group. They have used "Pd profiles" and then compared the EEG records of such subjects.

Their results indicate that there is evidence of abnormal EEG records of subjects showing a Pd profile. However, they imply in their findings that further work may indicate that the EEG will be able to separate psychopaths from non-psychopaths. Perhaps they are putting the "cart before the horse" in their technique and might better perform first a study on the validity of the MMPI in distinguishing psychopaths from non-psychopaths, and secondly (providing the validity of the MMPI was established), perform their experiment.

The present study involves the development of diagnostic criteria by which the psychopathic group is distinguished from the other prison groups. This study does not state what a psychopath _is_ but rather shows what the psychopathic group used in this work _represents_. In this manner, one may evaluate the results of the MMPI found in this study accordingly.

CHAPTER 4

THE PRISON GROUP

Subject used in this study were inmates of the Provincial Gaol for Men, Regina, Saskatchewan. This is a provincial institute which accommodated about 200 male prisoners at the time of this study.

Essentially, three types of male prisoners are incarcerated in the Gaol;

1. sentenced inmates from ages 16 to 26 years with sentences ranging up to two years less one day.
2. prisoners of any age who have been convicted of such crimes as vagrancy and are sentenced to less than 31 days.
3. remand cases[1].

From the first type of inmate mentioned above, a group was selected for this study. Selection was based on the following:

1. only white inmates were selected (i.e. no Indian or Metis subjects were used). In this way, it

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1 Remand...."is the return to custody of an accused person to prison or for their admission to jail on the adjournment of the hearing of a criminal charge in a police court. The remand in the case of a person charged with an indictable offence must not exceed eight days. A remand may be granted for securing attendance of witnesses, for making inquiries into the previous career of the accused or other responsible cause."--Mozley & Whiteley's Law Dictionary, 3rd Edition p.281. Pub. West & Neave.

was assumed that some cultural and ethnic differences would be avoided.

2. only inmates who were serving a sentence of 60 days or more were selected. Again it was assumed that this would further aid in selecting a more homogenous group.

3. only literate inmates who expressed willingness to be tested were used.

4. only subjects who were given the entire battery of tests[1] were used[2].

5. only subjects whose Wechsler Bellevue Intelligence Test showed a full scale I.Q. of 70 or more were used. In this way, subjects who might be considered as "inadequate personalities" because of mental deficiency were eliminated[3].

6. Only subjects who were not given (or recommended for)psychiatric examination on the grounds of a possible neurotic or psychotic disturbance were used[4].

Approximately 150 inmates were administered the MMPI but because of the above-mentioned selection, only 118 were utilized in this study.

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1 Test battery included: the MMPI, the Rorschach Ink Blot Test, the Machover Draw-a-Person Test, The Thematic Apperception Test, and the Wechsler-Bellevue Intelligence Test--Form I.

2 In this manner, one could possibly use the groups established with the check list for further study using the tests mentioned.

3 One case was eliminated for this reason.

4 Five subjects were eliminated for this reason.

CHAPTER 5

ADMINISTRATION OF TESTS TO THE REGINA GAOL INMATES

The MMPI (group form) was administered to 118 white male prison inmates. Directions were as given on the test booklet.

Actual administration of the test was both individual and in groups of less than six. In most of the cases, the test was completed in one session. Each test was scored and individual profiles drawn and coded according to the method outlined by Hathaway and McKinley (30).

Other tests were also administered to the inmates at this time. However, as a study of this size will not include findings of all the tests administered, only the MMPI results are included in the main body. Wechsler-Bellevue results were used to establish a basis for acceptance or rejection of the subject on grounds of adequate or inadequate intelligence. The minimum I.Q. of 70 (represented by the Full Scale I.Q.) was considered to be the lowest level on which an individual could operate efficiently[1], and any with an I.Q. below this level were rejected. The reason for such rejection was that the individual may have committed a crime through lack of

1 Dr. Russon had expressed the opinion that an I.Q. of 70 might be considered the minimum for adequate operation in society.

"general" intelligence rather than because of other factors. Results of the Mean I.Q.'s (Verbal, Performance and Full Scale) and their standard deviations for the Regina groups are given in Appendix V.

CHAPTER 6

CHECK LIST OF PSYCHOPATHIC CHARACTERISTICS

Since there were no psychiatric services available at the Regina Gaol which could be used to diagnose a psychopathic group, it was necessary to construct a tool which would be representative of local psychiatric opinion of psychopathic characteristics, but which would not require a psychiatrist to use it. A method which appeared to be useful was that of a check list of psychopathic characteristics.

Characteristics of the "psychopathic personality" were chosen from the literature. These characteristics (with their sources) are given in Appendix 1[1].

The various characteristics were then grouped into several groups, with grouping being based on some common attribute of the characteristics[2]. Each group

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1 This list of characteristics was drawn up in about three days. The reasons for this haste were:
   a. The approval to work in Regina Gaol came only a short time previous to the writer's final examinations.
   b. At about this same time, it became apparent that there would be no psychiatric services available by which to establish an experimental group (i.e. psychopaths).
   c. It was not ascertained whether or not data for this research could be gathered during the working hours at the Gaol or would have to be done on the examiner's own time. Consequently, the examiner deemed it wise to arrive at the Gaol as early as possible in order to gather the maximum amount of data for this work.

2 Dr. D. Spearman kindly consented to group these for me. Dr. Spearman also was instrumental in giving a

was given a simple title phrase. From these title phrases, a list containing 56 phrases or items was prepared[3]. Directions for checking the list were as given in Appendix 1. The rater was asked to check each item with one of the following ratings:

VS - very significant

S - significant

LS - little significance

Several of these check lists were submitted to Dr. McKerracher, Director of Psychiatric Services, Province of Saskatchewan. He was asked to submit one list to each psychiatrist whom he considered qualified to rate it. He, in turn, submitted the list to nine psychiatrists and scored one himself. The results of these check list ratings are given in Table I.

The results on this check list were somewhat devastating and disheartening[4]. Only seven lists could be considered as valid[5]. Three of these seven check

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title phrase for each group of characteristics which were then incorporated into the check list as items.

3 There were 57 items appearing in the check list but one item was a repeater. Several of the psychiatrists scored this same item differently in their ratings.

4 Of 56 different characteristics of psychopaths (as given in the literature), 10 psychiatrists could only agree unanimously on the rating of one, i.e. that the item "Dull, phlegmatic" was of "little significance" as a psychopathic characteristic.

5 One rater double scored an item, i.e.he scored it as "S-LS." Another rater scored one item as "?." Another rater left one item unscored.

lists were chosen by inspection on the basis that they represented unanimous opinion on more of the items than did the other raters. From these three lists, items were drawn which each of the three raters had scored as either VS or S and such items were used to prepare a final check list of psychopathic characteristics. Items rated as LS were not included in the check list as they appeared to be too weak an indicator of the presence of psychopathic characteristics. Thus, from a total of 18 items which three psychiatrists rated the same, 12 were chosen for a final check list[1]. Arbitrary scores of 2 (for VS items) and 1 (for S items) were given for each of the 12 items and a total possible score for the entire list was 22.

The final check list is given in Appendix 2. This list is not proven to be a valid or reliable tool but is merely one which is indicative of unanimous psychiatric thought of three Saskatchewan psychiatrists on certain characteristics which they believe to be indicative of the psychopath.

This portion of the study does not presume to indicate that the original check list is representative

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1 Item 23 on the original check list was not included as it was assumed that this would be a "common" characteristic of the entire gaol group (i.e. all showed inadequate behavior to society) and as such the item would not aid in differentiating the psychopath from the non-psychopath in the gaol setting.

TABLE I

Item	Combined Ratings for the Ten Psychiatrists v.s.	s.	l.s.		Psychiatrists A	B	C	
1.	4	4	2		s	s	s	
2.	0	3	7		ls	ls	s	
3.	1	7	2		ls	s	s	
4.	0	2	8		ls	ls	s	
5.	1	4	5		s	ls	s	
6.	6	3	0	*	vs	vs	vs	
7.	1	4	5		s	ls	s	
8.	4	6	0		vs	vs	vs	
9.	7	2	1		vs	ls	vs	
10.	3	2	5		vs	ls	s	
11.	2	5	3		s	vs	s	
12.	8	2	0		vs	vs	vs	
13.	4	6	0		s	vs	s	
14.	2	5	3		vs	ls	s	
15.	6	2	2		s	vs	vs	
16.	5	5	0		s	vs	vs	
17.	0	4	6		s	ls	s	
18.	4	1	5		ls	ls	vs	
19.	4	3	3		s	ls	vs	
20.	0	0	10	**	ls	ls	ls	**
21.	1	4	5		vs	ls	s	
22.	5	3	2		vs	vs	vs	
23.	6	4	0		vs	vs	vs	
24.	2	5	3		ls	s	vs	
25.	5	2	3		ls	ls	vs	
26.	7	1	1	*	vs	vs	vs	
27.	2	3	5		s	ls	s	
28.	3	5	2		vs	vs	s	
29.	6	2	2		vs	vs	s	
30.	0	5	5		ls	s	s	
31.	0	5	5		ls	ls	s	
32.	1	3	6		ls	ls	vs	
33.	1	1	8		ls	ls	ls	
34.	4	3	3		vs	s	vs	
35.	4	4	2		s	s	vs	
36.	3	3	4		ls	s	vs	
37.	0	2	8		ls	ls	ls	
38.	1	6	3		s	ls	s	
39.	1	5	4		s	ls	ls	
40.	3	6	1		vs	vs	vs	
41.	3	4	3		vs	ls	s	
42.	3	6	1		vs	s	vs	
43.	5	4	1	***	vs	vs	vs	
44.	0	5	3	*	s	s	s	
45.	1	4	5		vs	ls	ls	
46.	0	1	9		ls	ls	ls	
47.	2	3	4		ls	s	ls	
48.	7	3	0		s	vs	vs	
49.	1	5	4		s	s	vs	
50.	8	2	0		vs	vs	vs	
51.	7	1	2		vs	vs	vs	
52.	4	4	2		s	vs	vs	
53.	0	6	4		s	s	s	
54.	3	6	1	***	s	vs	vs	
55.	0	4	6		s	ls	ls	
56.	5	3	2		vs	vs	vs	
57.	2	6	4		s	ls	ls	

* Indicates that not all the psychiatrists gave a rating to that item.

** Indicates the only item on which the psychiatrists were unanimous in their rating.

*** Indicates the item which was repeated and which was given different ratings in each case by two of the psychiatrists.

All items underlined are the ones which were given unanimous ratings by three psychiatrists and which were used in compiling the "final check list."

of all the characteristics of the psychopathic personality; nor does it attempt to claim that it represents all or even the majority of psychiatric opinion on the matter. It is only a "spot check" on characteristics of the psychopath and is an attempt to show how the psychiatrist (who is usually the person responsible for the diagnosing of the "psychopathic personality") uses these characteristics in his diagnosing. The results would indicate that the psychopathic concept is still very vague[1].

The final check list is one which was used in this study and is representative of psychiatrists who might have made the diagnoses of psychopathic personality on inmates of this Gaol. That is, these same psychiatrists or their colleagues may have given a diagnosis of "psychopathic personality" which the writer would have had to accept to set up his groups. It is presumed that these psychiatrists would have used the same criteria for arriving at their diagnoses,

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1 Comments from the raters varied from stating that the items represented a "chaotic" study of "attitudes" to pointing out that certain items (e.g. numbers 6 and 11) were contradictory. Many of the comments were valuable, but their primary value lay in the fact that not only were the psychiatrists themselves aware (and pointed out in many cases) that the concept of psychopathy is vague, contradictory and chaotic, but that even within the psychiatric circle of Saskatchewan itself, there was little convergence of opinion on the subject. One might wonder how an individual is diagnosed as a "psychopathic personality," when such confusion of thought exists in diagnostic criteria. This may have some bearing on why results obtained

as that represented in the final check list. Thus, by careful useage of the check list, it was assumed that a non-psychiatrist could arrive at a similar diagnosis as any or all of the three psychiatrists represented.

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by using psychiatrically diagnosed "psychopaths" may not be too satisfactory and may not always agree from group to group.

CHAPTER 7

THE ESTABLISHMENT OF A "PSYCHOPATHIC," "NON-PSYCHOPATHIC" AND "GENERAL" PRISON GROUP

To determine a "psychopathic" group and a "non-psychopathic" group from a prison population, the check list previously described was used. It was assumed, of course, that not all prisoners were psychopaths (7, 9, 10, 11, 48, 52).

The method followed was that of checking 118 subjects used in the study on the check list. Checking was done as follows:

1. All ratings were done independently of other tests.
2. The only factual material used in the checking was the social history, criminal record and file of each inmate.
3. Those inmates who were working under a Trades Instructor or in a group were, in some cases, rated by either or both the Trades Instructor and/or the Group Worker.
4. Final rating given to each subject was by the writer. Such rating was based on previous ratings, social history, criminal record, personal contact[1] and through interviews.

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1 The writer spent approximately six months gathering data for this research. During this time he lived at Regina Gaol and, consequently, had an excellent opportunity to observe the inmates during all periods of the day and evening.

By inspection, the 118 subjects were split into three groups. One group consisted of approximately one-third of the subjects and represented the highest scorers on the check list. Another group consisted of approximately one-third of the total subjects and represented the lowest scorers on the check list. The other group represented those subjects whose scores were neither considered as being high nor low. In this manner, arbitrary cutting points were established for the upper and lower groups. The upper group was composed of 35 subjects whose scores on the check list were greater than 15; the lower group was composed of 41 subjects who had scores of less than 9; the central group of 42 subjects had scores of 9 to 15 inclusive.

Having established three groups, it was assumed that the top-scoring group might be representative of a "psychopathic" group; the lowest scoring group might represent the "non-psychopathic" group and the central group might be representative of the "general prison" group. These groups will be termed Group I, Group II and Group III from this point on in this paper.[1]

Possible criticism of this technique is that the

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1 These groups were indicated as I, II and III because Groups I and II are the groups which are most important in this study whereas Group III or the "general" group is that group of prisoners who do not exhibit either "psychopathic" or "non-psychopathic" characteristics as outlined in this study.

examiner might well be faulty in his ratings of the subjects. His opinion of the various subjects might be erroneous in view of his close and subjective contacts with them. He may consciously or otherwise be influenced by previous tests which he administered to the subjects. He lacks clinical experience in observation and thus may present erroneous and biased ratings.

Defence against the above criticism is difficult, but perhaps possible along some points. It is true that the technique is very subjective; yet, is such subjectivity unique in such work? In what manner is the psychiatrist more objective in his diagnosis of the psychopathic personality? In this study, a frame of reference was established (and based on psychiatric opinion throughout). Do psychiatrists work from or within such a frame of reference? This study works from an objective standard (the items of the final check list). Do psychiatrists have such an objective standard from which they work? The objectivity of psychiatrists is very questionable in view of the fact that they differ so widely among themselves in rating psychopathic characteristics.

It is true that the examiner did have ample opportunity to view the subject in many different situations. Such opportunity may have clouded his judgments and made his rating faulty. However, one questions the negative aspect of this, especially in view of the

diagnosis of an individual given by a psychiatrist after a matter of 20 or 30 minutes in which he interviewed him. The psychiatrist has seen the subject for a short time in a very structured setting, yet feels competent in diagnosing him.

The conscious or unconscious influence of previous testing of the subject is difficult and almost impossible to defend. All the subjects had previously been tested with the entire battery of tests prior to the final checking of the check list. However, not all the tests were scored. None of the tests was used in arriving at any of the checking on the check lists. In the examiner's opinion, it was practically impossible to remember the various tests for the various subjects and any influence of test information on his checking would be limited to the unconscious.

The lack of clinical experience is a point which cannot be defended.

A plausible criticism of the findings is: How does one know that Group I is representative of a "psychopathic" group and that Group II represents a "non-psychopathic" group? The writer does not claim that Group I is representative of a "psychopathic" group, nor that Group II represents a "non-psychopathic" group. The former group merely shows more so-called "psychopathic" characteristics than the other two

groups, and Group II shows less "psychopathic" characteristics than the other two groups. For purposes of this study the "psychopathic" and "non-psychopathic" groups are assumed, not proven.

CHAPTER 8

MMPI RESULTS OF THE VARIOUS REGINA PRISON GROUPS AND COMPARISON WITH AN AMERICAN PRISON GROUP

Means and standard deviations were computed for each of the thirteen MMPI scales for the entire prison group and for the three groups. These results are shown in raw scores in Table II. The K correctional factor (46, 47A) has been added to five of the scales[1], and the means and standard deviations are indicated for these scales when the K factor has been added and when it has not. Following this, composite profiles were drawn up for the entire prison group (Fig. 1), Groups I and II (Fig. 2), Group III and the entire prison group (Fig. 3) and Groups I, II and III (Fig. 4). Each profile has had the appropriate K factor added to the various scales.

Composite profiles were also drawn up for the various groups and exhibited the five scales without the K factor being added. These profiles are shown in Figures 5 to 8.

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1 This is a correctional factor which, when added to the Hs, Pd, Pt, Sc and Ma scales, is intended to accentuate the discrimination powers of these scales. The amount of K added to each scale is as follows:

Hs plus .5K
Pd plus .4K
Pt plus 1K
Sc plus 1K
Ma plus .2K

Differences between the mean raw scores for all the scales for all the groups were computed and are presented in Table III. These, again, show the scales with and without the K factor being added.

Mean T-scores for the various Regina groups and the differences between them are shown in Table IV.

Critical ratios were computed[1] for all the scales except the question scale and the three check scales (i.e. the L, F and K scales), for the entire prison group and the other three groups. These findings are given in Table V.

Frequencies of the various high-point codes for Groups I, II and III are given in Table VI. These frequencies include only the two highest scales represented in the coding.

In Figure 4, it appears that there is a progressively increasing score-trend in the Hy, Pd plus .4K, Pt plus 1K, and the Ma plus .2K scales for the three groups. The significance of this trend is shown in Table V. Here, it is of interest to note that the "psychopathic" and "non-psychopathic" groups are differentiated by the above-mentioned scales with a significance at better than the 0.7% level of confidence. That is, there is a possibility of these two groups getting identical scores on these scales only seven times in one thousand. On this basis, it

1 See Appendix IV for formula used in the computational work involved.

TABLE II

Raw Scores for Each Scale of the MMPI for the Three Groups of Subjects, and the Composite Score for the Entire Prison Group on Each Scale

Scale	Group I		Group II		Group III		Entire Prison Group	
	M	S.D.	M	S.D.	M	S.D.	M	S.D.
?	3.5	4.3	6.2	11.4	5.8	8.8	5.4	8.9
L	3.1	2.2	4.1	2.4	3.7	2.1	3.1	13.1
F	9.0	4.9	6.6	3.9	6.8	4.6	7.4	4.5
K	12.5	4.3	12.9	4.8	14.0	4.5	13.2	4.6
Hs*	13.7	3.8	12.4	3.1	12.1	4.2	12.7	3.7
Hs	7.4	4.3	5.7	3.7	4.7	3.8	5.7	4.1
D	20.3	5.8	19.8	5.4	19.0	5.2	19.7	5.4
Hy	21.0	4.9	18.6	4.6	19.3	4.4	19.8	3.7
Pd*	31.2	4.4	24.6	4.2	27.1	5.1	27.4	5.5
Pd	26.2	4.5	19.3	3.3	22.1	3.3	22.4	5.0
Mf	23.8	4.4	22.8	5.3	22.0	4.1	22.8	4.8
Pa	11.4	4.6	11.1	3.3	10.4	3.1	10.9	3.8
Pt*	30.6	6.4	26.6	6.1	27.8	4.8	28.2	6.3
Pt	18.3	9.0	14.0	8.1	13.6	7.1	15.0	7.2
Sc*	31.1	8.2	27.5	6.1	28.1	6.9	28.8	7.2
Sc	19.7	12.6	14.6	8.4	14.0	8.3	15.6	9.6
Ma*	24.8	3.5	21.5	5.2	22.2	4.3	22.7	4.7
Ma	22.4	3.3	19.1	4.9	19.1	4.5	19.7	4.6
Si	29.3	13.3	28.9	8.4	25.8	9.1	27.9	10.5

Group I -obtained scores of 16 and over on the final check list.

Group II -obtained scores of 8 and under on the final check list.

Group III-obtained scores of 9 to 15 (inclusive) on the final check list.

* Signifies that the K correctional factor has been added in these cases in the respective scales.

N for Group I equals 35
N for Group II equals 41
N for Group III equals 42
N for entire prison group equals 118

FIGURE 1

Composite Profile for the Entire Regina Gaol Group

(N equals 118)

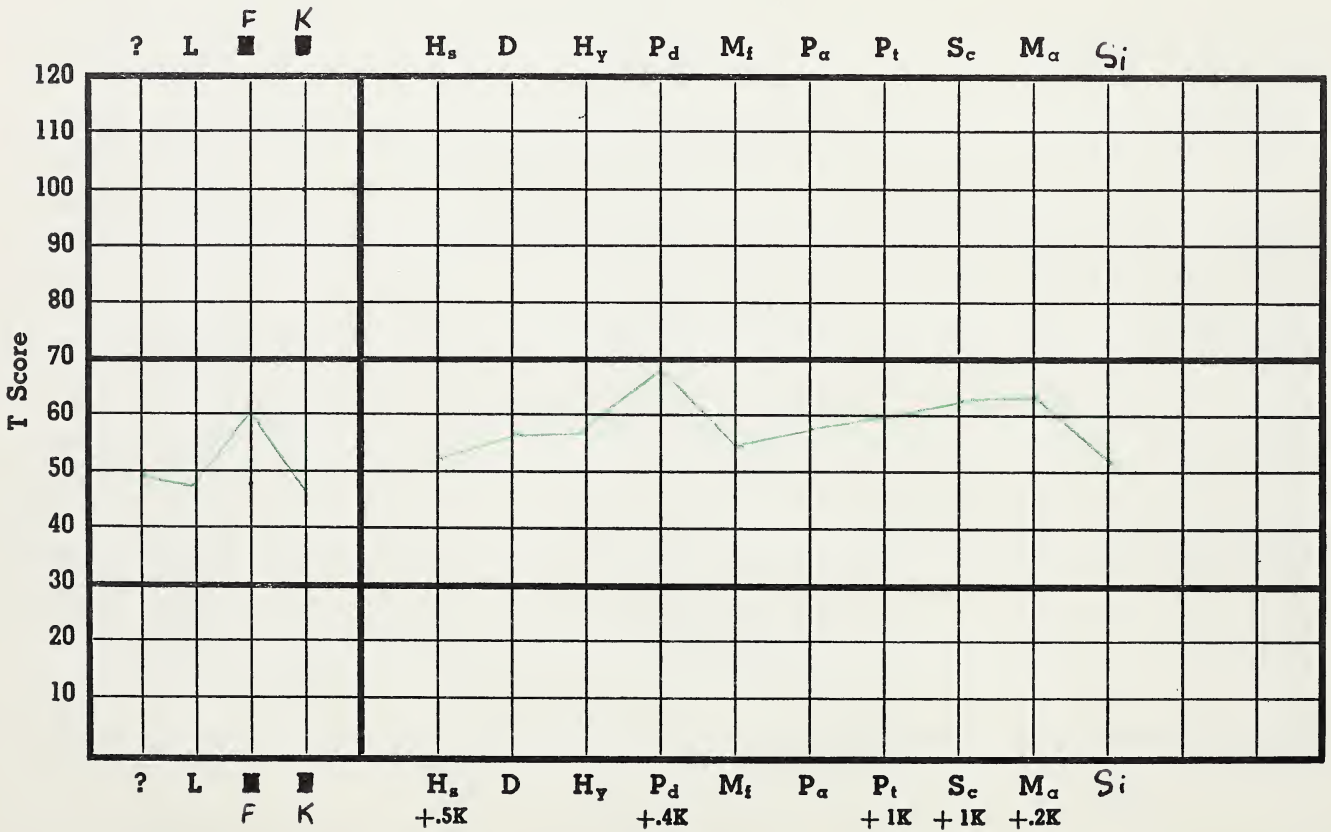

FIGURE 2

Composite Profiles for :

Group I ——— and Group II ———

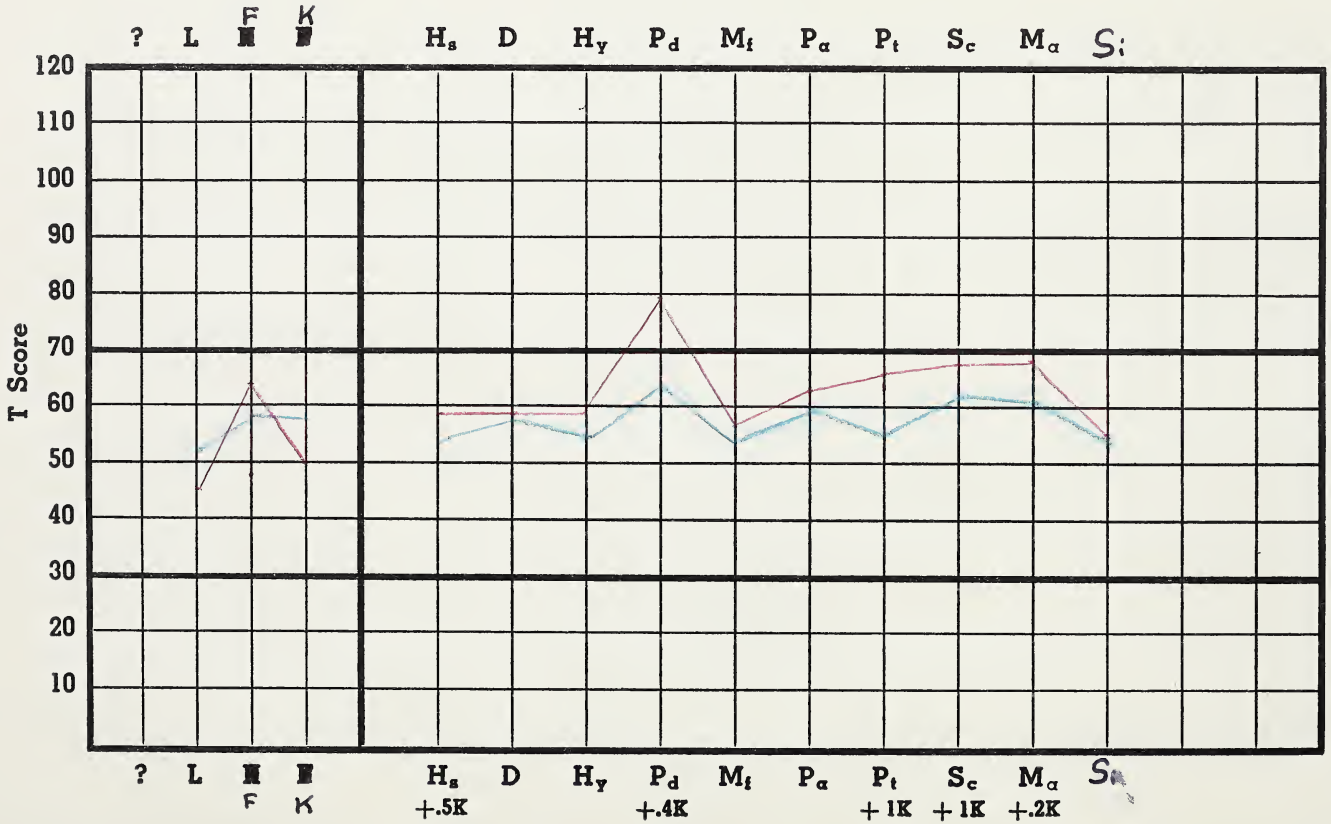

FIGURE 3

Composite Profiles for:

Entire Prison Group —— and Group III ——

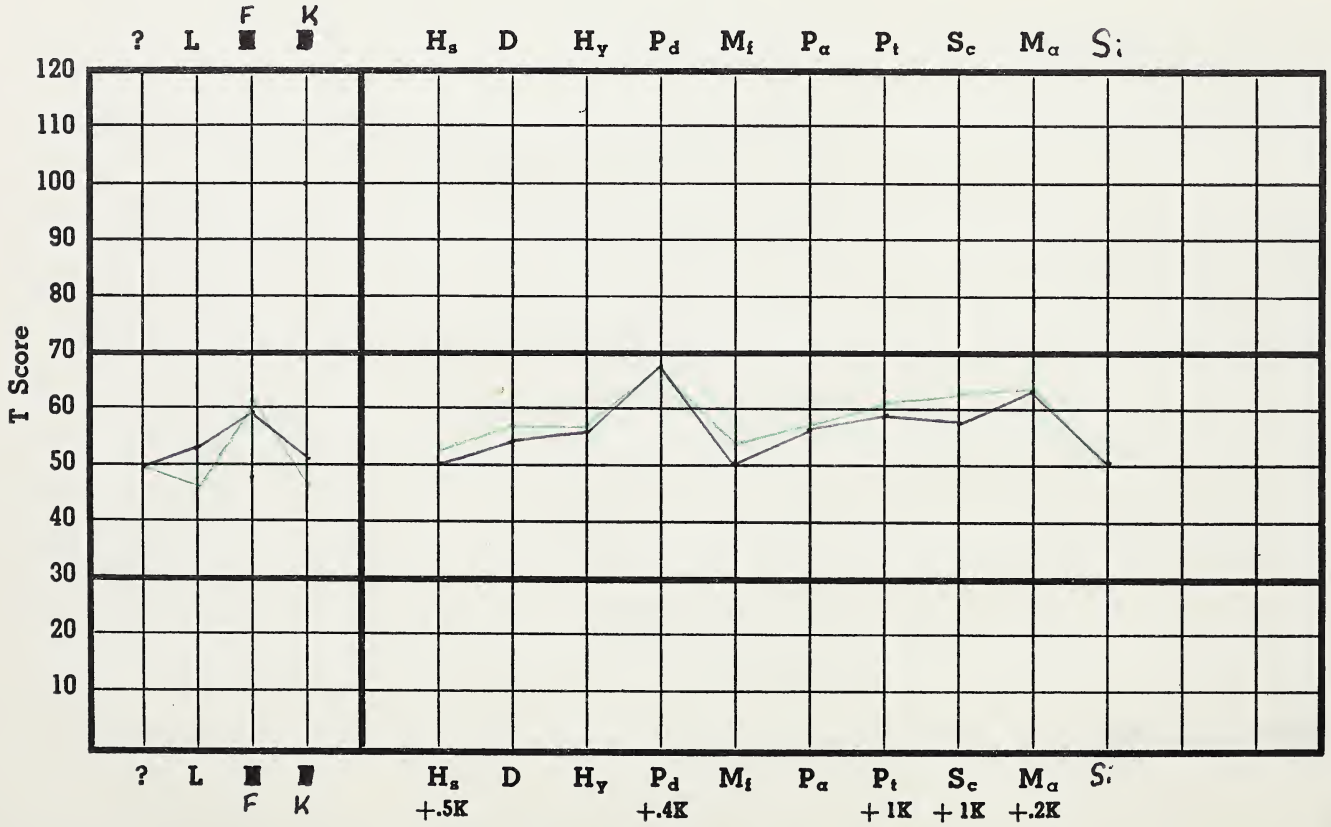

FIGURE 4

Composite Profiles for:

Group I ("psychopathic") ——
Group II ("non-psychopathic") ——
Group III ("general" prison group) ——

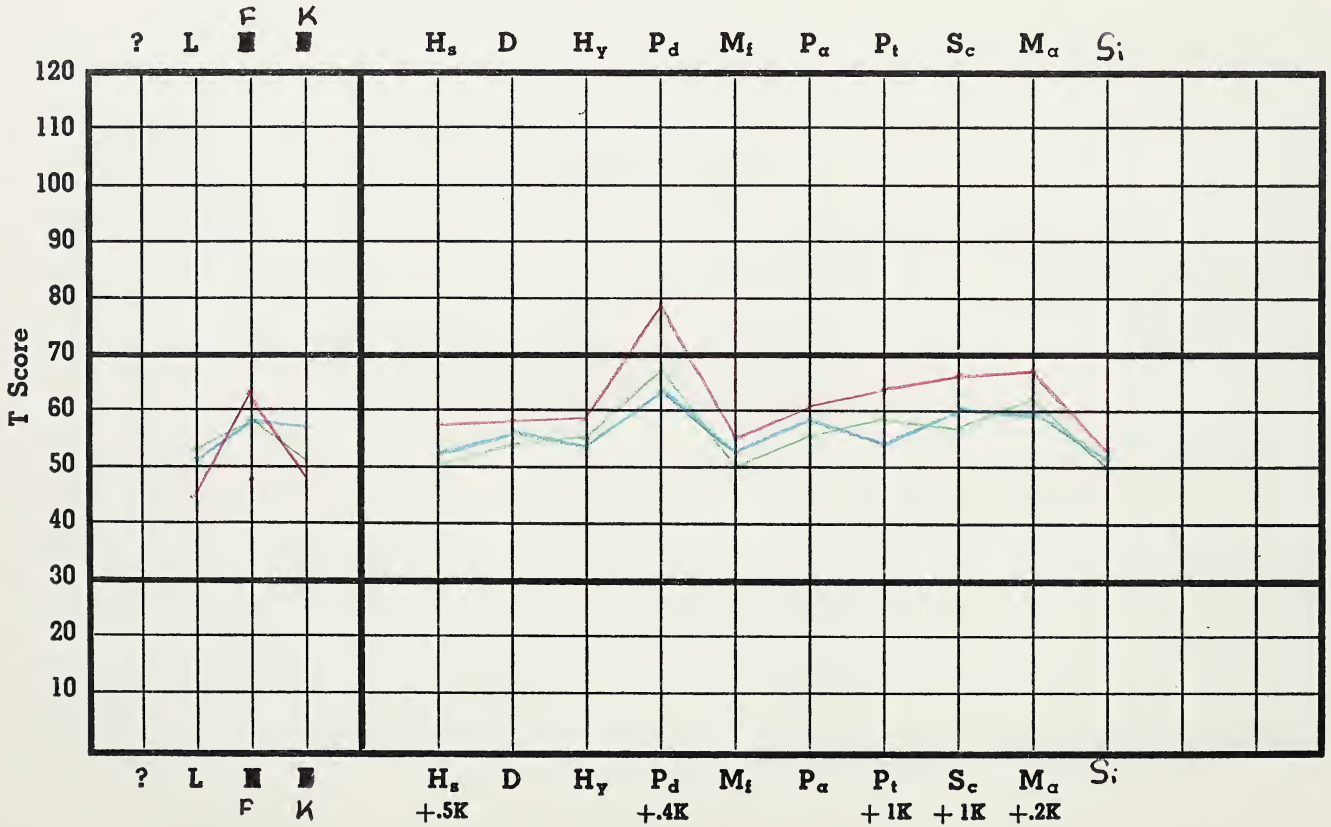

FIGURE 5

Composite Profile for the Entire Regina Gaol Group

Note: K correctional scale has not been added to the Hs, Pd, Pt, Sc, or Ma scales

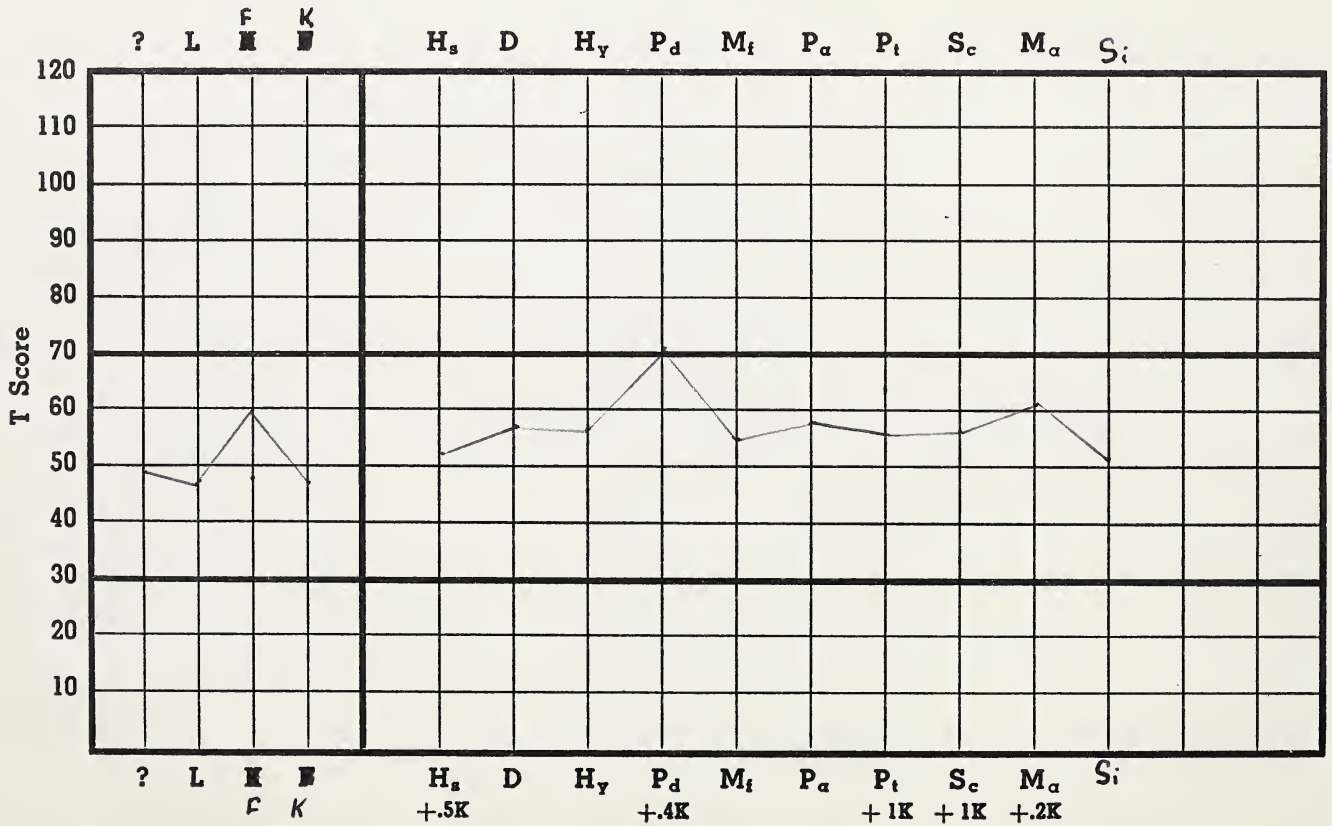

FIGURE 6

Composite Profiles for Groups I ——— and II ———

Note: K correctional factor has not been added to the Hs, Pd, Pt, Sc or Ma scales

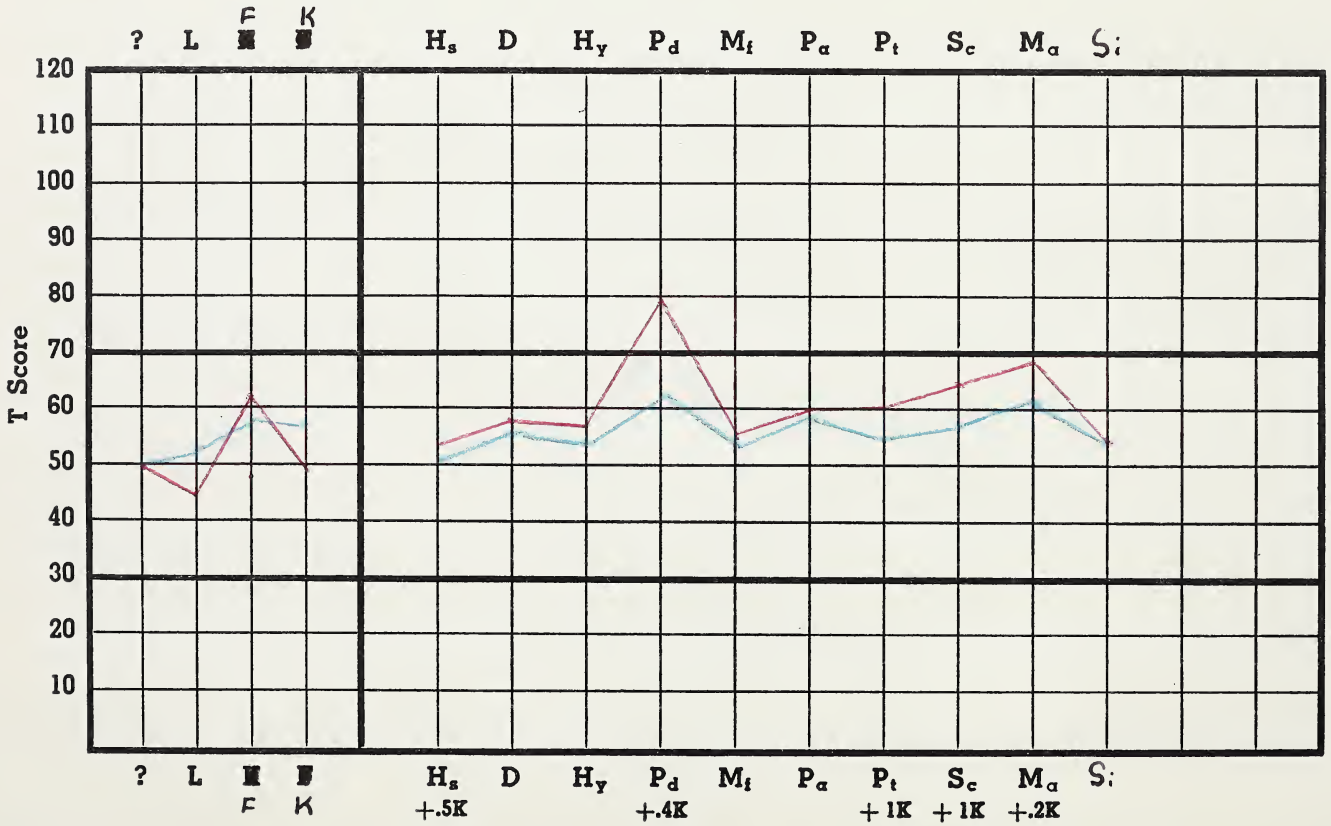

FIGURE 7

Composite Profiles for Group III ——— and the Entire Prison Group ———

Note: K factor is not added to the Hs, Pd, Pt, Sc and Ma Scales

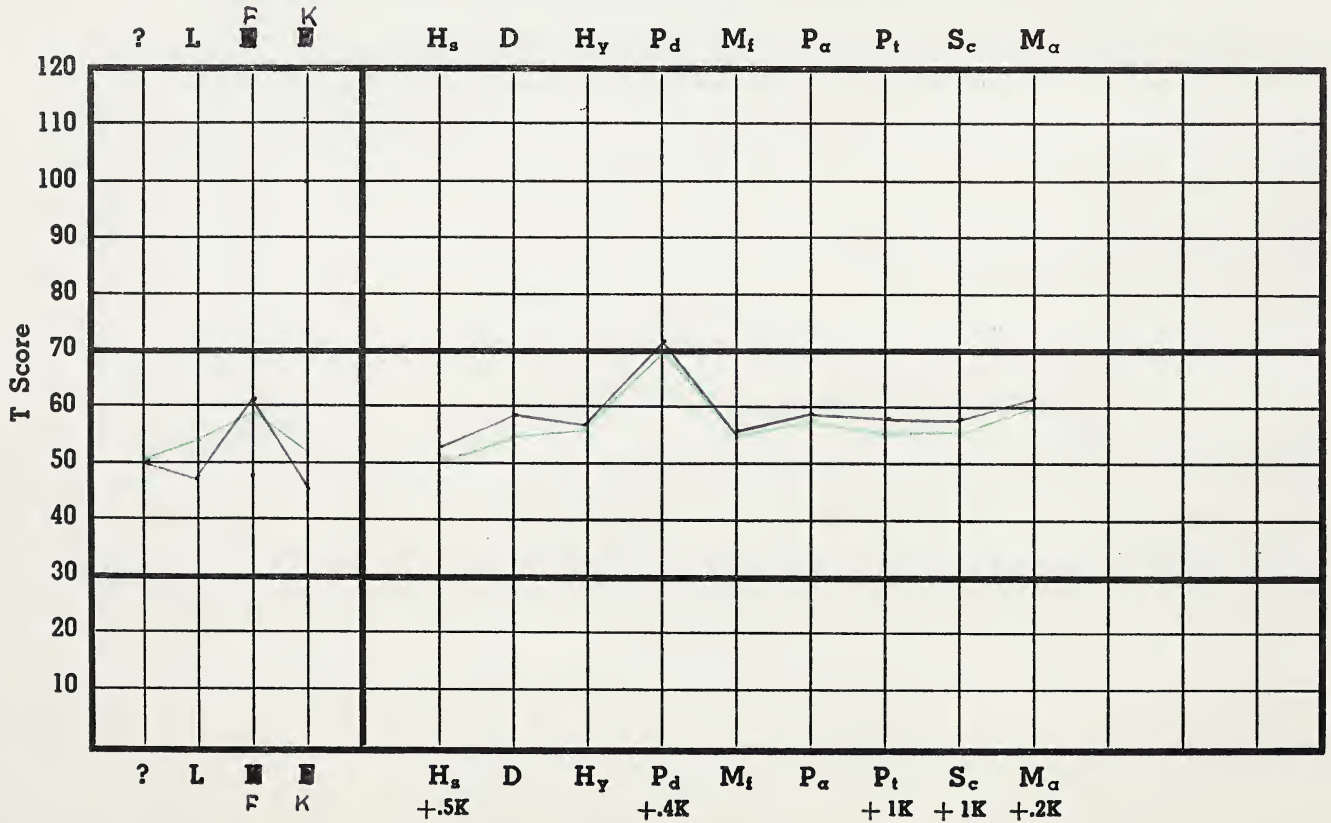

FIGURE 8

Composite Profiles for:

Group I

Group II

Group III

Note: K factor has not been added to the Hs, Pd, Pt, Sc or Ma scales

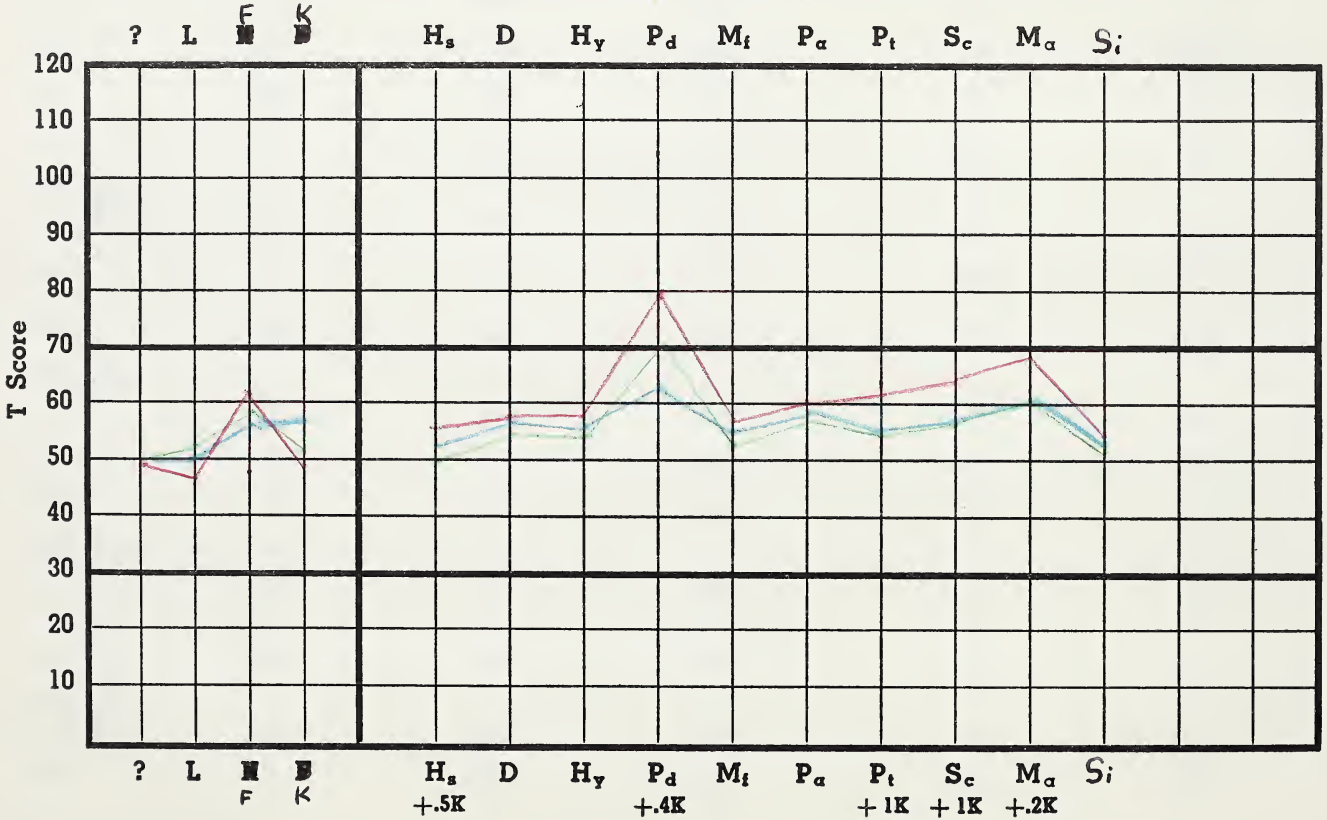

TABLE III

Differences Between the Means (in Raw Scores) for the Various MMPI Scales of the Three Regina Prisoner Groups, and also the Entire Prison Group

Scale	Group I and II	Group I and III	Group I and Entire Prison Group	Group II and III	Group II and Entire Prison Group
?	2.7	2.3	1.9	.4	.8
L	1.0	.6	0.0	.4	1.0
F	2.4	2.2	1.6	.2	.8
K	.4	1.5	.7	1.1	.3
Hs plus .5K	1.3	1.6	1.0	.3	.3
D	.5	.7	.6	.8	.1
Hy	2.5	1.7	1.2	.7	1.2
Pd plus .4K	6.6	4.1	3.8	2.5	2.8
Mf	1.0	.8	1.0	.8	0.0
Pa	.3	1.0	.5	.7	.2
Pt plus 1K	4.0	2.8	2.4	1.2	1.6
Sc plus 1K	3.6	3.0	2.3	.6	1.3
Ma plus .2K	3.3	2.6	2.1	.7	1.2
Si	.4	3.5	1.4	3.1	1.0

TABLE IV

Mean Scores (given in T scores) for the Various Groups Used in This Study

on the Various Scales of the MMPI

Scale	Group I	Group II	Difference between I and II	Group III	Difference between I and III	Difference between II and III	Entire Prison Group	Difference between Entire Prison Group and Group I	Group II	Group III
Hs *	55.1	53.8	1.3	53.2	1.9	.6	53.4	1.7	.4	.2
Hs	56.8	52.4	4.4	50.4	6.4	2.0	52.4	4.4	.0	2.0
D	58.6	57.6	1.0	56.0	2.6	1.6	57.4	1.2	.2	1.4
Hy	58.0	55.8	2.2	55.0	3.0	.8	55.6	2.4	.2	.6
Pd *	79.4	63.2	16.2	69.2	10.2	6.0	69.8	9.6	6.6	.6
Pd	81.4	63.6	17.8	70.6	10.8	7.0	71.2	10.2	7.6	.6
Mf	56.6	54.6	2.0	53.0	3.6	1.6	54.6	2.0	.0	1.6
Pa	60.2	59.3	.9	57.2	3.0	2.1	58.7	1.5	.6	1.5
Pt *	65.2	57.2	8.0	59.6	5.6	2.4	60.4	4.8	3.2	.8
Pt	61.6	56.0	5.6	55.2	6.4	.8	57.0	4.6	1.0	2.6
Sc *	67.2	60.0	7.2	61.2	6.0	1.2	62.6	4.6	2.6	.6
Sc	63.7	56.4	7.3	56.0	7.7	.4	58.2	5.5	1.8	2.2
Ma *	69.6	61.5	8.1	63.4	6.2	1.9	64.4	5.2	2.9	1.0
Ma	68.8	61.2	7.6	61.2	7.6	.0	62.4	6.4	1.2	1.2
Si	54.3	53.8	.5	50.8	3.5	3.0	52.9	1.4	.9	2.1

* The appropriate K correctional factor has been added to these scales.

TABLE V

Critical Ratios
Between the Various Groups
on the MMPI Scales

(Note: Raw scores used and
K factor added to respective scales)

Scale	Groups I-II	Groups I-III	Groups II-III
?			
L			
F			
K	1.5	.42	1.18
Hs	1.76	1.12	2.80**
Hs*	1.7	.76	.37
D	.3	.54	.70
Hy	2.71**	1.69	.78
Pd	7.36**	3.85**	4.40**
Pd*	6.6**	3.79**	2.44
Mf	.91	1.82	.77
Pa	.32	1.09	.64
Pt	2.19	.23	2.52
Pt*	2.75**	2.15	1.00
Sc	2.07	.36	2.28
Sc*	1.89	1.70	.43
Ma	3.48**	.04	3.78**
Ma*	3.27**	2.92**	3.02**
Si	.55	1.3	.44

* The K-correctional factor has been added to these scales.

** Indicates those scales with a critical ratio at or above the 1% level of significance.

appears that one can safely say that two groups have be segregated from a prison population on the basis of the four MMPI scales. This generalization appears to be confirmed by the coding frequencies and percentages of frequencies of the three prison groups given in Tables VI and VI-A respectively. Here it is apparent that Group I has not only a smaller distribution of codes than have Groups II and III, but has the greater number of Pd plus .4K and Ma plus .2K profiles--both scales with a T-score of 70 or greater and with the Pd having a higher T-score than the Ma[1]. Conversely, Group II has the greatest range of codes and does not show a large frequency of 49' type of profiles. The magnitude of code range and 49' type of profile for Group III appears to lie somewhere between that shown by Groups I and II.

A logical criticism which may be directed at this portion of the study is: How do we know that the Regina Gaol group is representative of a prison group? They may be a selected sample rather than a representative sample and, as such, the study would not be valid for other prison groups per se. To strengthen the

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1 Hereinafter, this type of coding will be referred to as 49' indicating that the Pd scale is greater than the Ma scale and that both scales are the highest two on the entire profile and have a T-score of at least 70.

TABLE VI

Frequencies of Various High-Point Codes of Groups I, II and III

Group I

41'	42'	45'	46'	47'	49'	6'4	69'	74'	82'	84'	87'	89'	92'	94'	96'	98'
				47'	49'					84'	87'			94'		
				47'	49'					84'	87'			9'4		
				'47	49'						87'			9'4		
					49'						87'			'94		
					49'											
					49'											
					49'											
					49'											
					49'											
					49'											
					4'9											
					4'9											
					4'9											
					'49											

Group III

13'	14'	20'	24'	28'	31'	4'0	41'	42'	4'3	'45	46'	47'	48'	49'	64'	'78	79'	84'	86'	89'	9'1	94'	98'	02'	'04
	'14					'40	'41				46'		48'	49'					86'	89'		9'4			
											'46		4'8	4'9								9'4			
													4'8	4'9								9'4			
													4'8	4'9								9'4			
														4'9								'94			
														4'9								'94			
														4'9											
														'49											
														'49											
														'49											
														'49											

Group II

'17	2'0	'25	26'	27'	28'	2'9	'38	4'0	'42	'43	45'	46'	47'	48'	4'9	54'	56'	'59	64'	65'	'70	'71	74'	75'	'78	82'	84'	87'	89'	'92	9'4	95'	'96	98'	0'2	'04
			'26			'29					'45		47'	'48	'49		'56			'65			74'					87'	89'		9'4		'96	9'8		
						'29							'47	'48	'49		'56																	9'8		
															'49																			9'8		

TABLE VI-A

PERCENTAGE OF FREQUENCIES OF THE CODED HIGH-POINTS

FOR GROUPS I, II AND III

Groups	No. of Codes used in each Group	% of 49'	% of 49 (all included*)	% of 4'
I	44	25.2%	34.5%	48.3%
II	59	0%	4.2%	6.4%
III	54	3.6%	21.6%	34.2%

* Includes all codes of 49, regardless of their T-score, but, of course, they must represent the two highest peaks on the profile.

position of the Regina study, it was deemed advisable to compare the results of the entire group with some other prison group, using the MMPI as a basis of comparison.

A study carried out by Fry (19) appears to have a comparable group of white, male inmates who may be representative of those in an American State prison. Part of his study included using the MMPI on 76 white, male, literate subjects, who were (at the time of his investigation) incarcerated in a state prison. Their mean age was 32, and they showed a mean I.Q. of slightly greater than 100, i.e. they were of average intelligence. Results obtained on the various MMPI scales are given in Table VII. The composite profile for his group is given in Figures 9 and 10.

His group was compared to the entire Regina Group, and the mean T-scores on the various MMPI scales for these two groups are given (along with the differences between the means) on Table VII.

Composite profiles for Fry's group[1] and the entire Regina Group are shown in Figure 9.

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1 The S.D. for Fry's group is also given for the scales. These are not available for the Regina Group as all computations for this study were done using raw scores. It is impossible to determine the significance of the differences between the various scales of Fry's group and the Regina Groups as without a great amount of further work, standard deviations of Regina T-scores are not available to compute the critical ratios for both groups.

TABLE VII

A COMPARISON OF FRY'S GROUP WITH THE ENTIRE REGINA GROUP ON THE VARIOUS MMPI SCALES USING MEAN T-SCORES

Scales	Fry's Group	Entire Regina Group	Difference	S.D. for Fry's Group
Hs*	56.9	53.4	3.5	12.5
D	59.5	57.4	2.1	14.3
Hy	59.1	55.4	3.7	10.8
Pd*	72.5	69.8	2.7	10.7
Mf	56.9	55.6	1.3	10.6
Pa	59.6	58.7	.9	11.4
Pt*	57.7	61.4	3.7	11.4
Sc*	62.4	61.6	.8	16.5
Ma*	63.4	64.4	1.0	14.3

* Respective K factor added to these scales.

FIGURE 9

Composite Profiles for:

Fry's Group of Male Prisoners

Entire Group of Regina Gaol Inmates

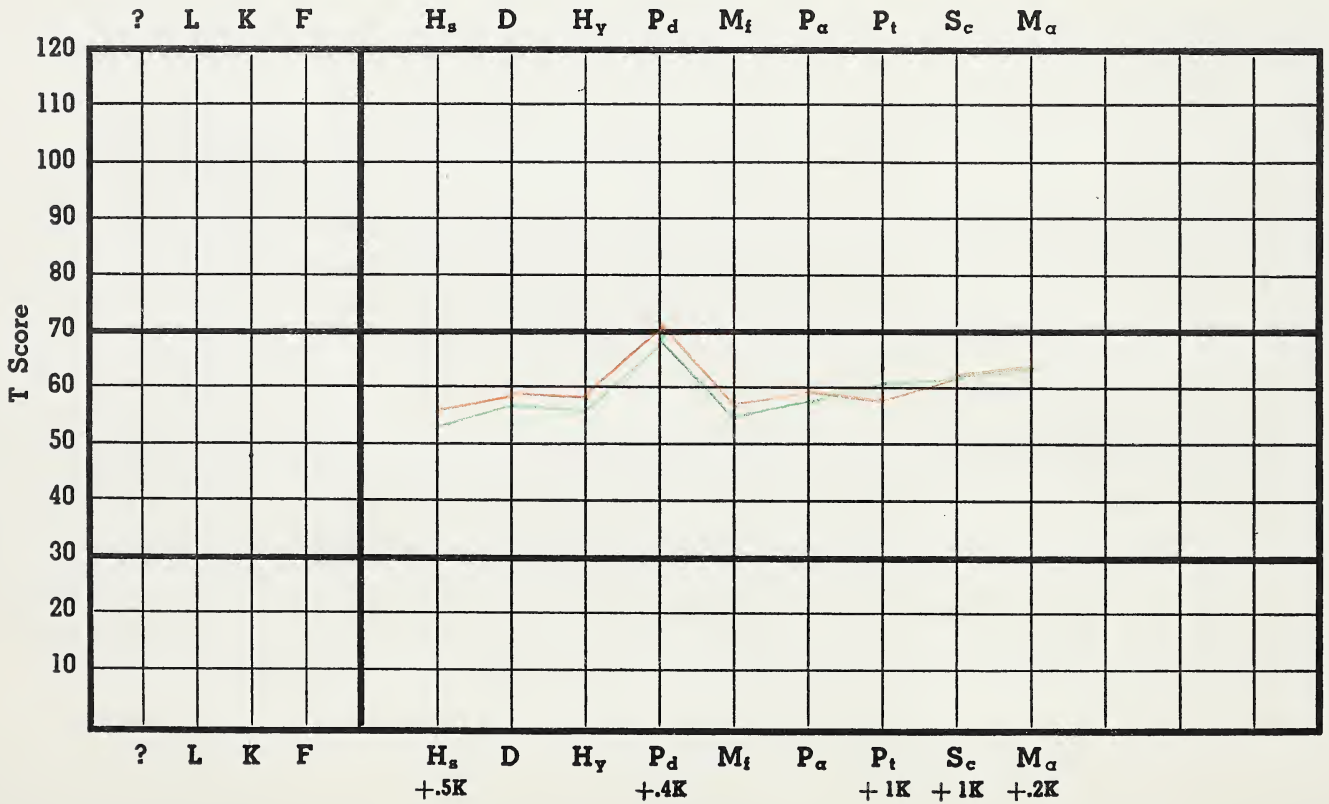


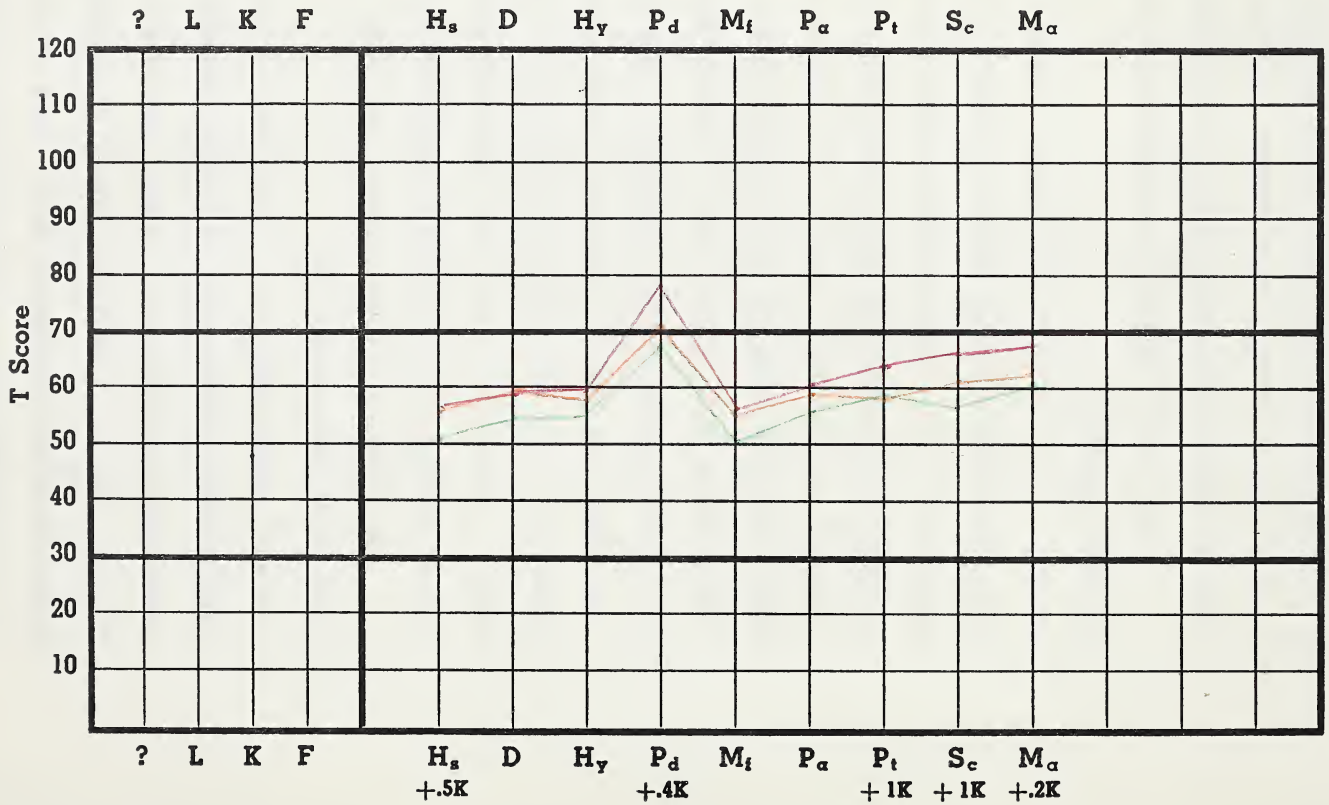
FIGURE 10

Composite Profiles for:

Group I

Group III

Fry's Group of Male Prisoners



Differences between Fry's Group and the entire Regina Group are relatively small. None of them is greater than (or as great as) one of Fry's standard deviations for the various scales. Both groups exhibit similar MMPI profiles with Fry's group showing a consistently higher profile on all scales, but the Pt plus 1K and the Ma plus .2K.

Fry's group was also compared with Groups I and III in regard to the MMPI profile exhibited by each group. These profiles are shown (superimposed) on Figure 10. It appears that Fry's group lies between the Group I and Group III profiles on the Pd plus .4K, Pa, Sc plus 1K and Ma plus .2K scales. Only on one scale (the Pt plus 1K) does Fry's group exhibit lower scores than the Group III of the Regina study. Table VIII indicates the results (in T-scores) for the various Regina groups and Fry's group for the nine MMPI scales. It is interesting to note that although Fry's group and Group III vary 3.3 T-scores on the Pd plus .4K scale, they have identical scores on the Ma plus .2K scale.

These results appear to strengthen the conclusion that the entire Regina Gaol group is a representative (rather than a select) prison group. They also confirm the conclusion that Group III may be a "general" prison group rather than a representative prison group (i.e. the

"general" group appears to have most of the psychopaths and non-psychopaths segregated from it).

TABLE VIII

MMPI Results for Fry's Group and Regina Groups

Scales[2]	Fry's Group Mean[1]	Group I Mean[1]	Group II Mean[1]	Group III Mean[1]	Entire Prison Group Mean[3]
Hs	56.9	55.8	49.8	50.4	53.4
D	59.5	58.6	57.6	56.0	57.4
Hy	59.1	58.0	54.2	55.3	55.4
Pd	72.5	79.4	63.2	69.2	69.8
Mf	56.9	55.6	54.6	53.0	55.6
Pa	59.6	60.8	60.2	57.2	58.7
Pt	57.7	65.2	57.2	59.6	61.4
Sc	62.4	67.2	60.0	61.2	61.6
Ma	63.4	69.6	61.5	63.4	64.4

1 These means are given in T-scores.

2 The appropriate amount of K-correctional factor has been added to the Hs, Pd, Pt, Sc and Ma scales.

3 The entire Regina group consisting of 118 subjects.

CHAPTER 9

CONCLUSIONS

The check list used in the present study should have some of its many weaknesses and limitations brought to the attention of the reader. Its items do not represent unanimous psychiatric opinion but merely represent the ratings of three out of ten Saskatchewan psychiatrists. It is impossible to estimate how many of these characteristics must be exhibited before a subject may be diagnosed as psychopathic. The relative strength of the various items has also not been determined. One might well ask if each item carries the same significance to the final rater as it did to the psychiatrists who originally rated it[1]. These are only a few of the very evident criticisms which one may direct at the check list. However, one must admit that such a list does make positive contributions to the diagnosing of psychopathic personalities in that it provides a framework of reference and is, perhaps, a relatively good tool in view of many of the facts mentioned in a previous chapter regarding present psychiatric

1 Later discussion with one of the raters indicated that he did not have quite the same idea of the significance of some of the items as did the examiner. How true this was for other original raters is difficult to ascertain, but it may be one of the reasons there was such a divergence of psychiatric opinion on the original check list.

diagnostic techniques.

The study is only a pilot project in a field which abounds with studies (not all of which are above reproof; e.g. Levy and Kennard's (38) and Rogers (52)). It appears to be a study using a technique never before described (to the writer's knowledge) in the literature. It is built on psychiatric opinion throughout and is strengthened by the fact that it is representative of unanimous rating by three psychiatrists in the area in which it was used. It is also strengthened by the fact that only items which were considered as being either "very significant" or "significant" in diagnosing a psychopath (and which appeared useful in distinguishing him from others in the prison setting[1]) were used[2].

Some of the ways in which later study might improve the check list as a diagnostic tool are:

1. Go through the original list and note which items were given the most emphasis by the literature. In this manner, one might establish an independent weighting for each item.
2. Compare the various items on the list and

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1 e.g. item 23 on the original check list was not used for reasons previously given.

2 i.e. items rated as having "little significance" in diagnosing a psychopath were not included in the final check list, which included 10 items rated as "very significant," and 2 items rated as "significant."

attempt to bring together those items which appear to describe a similar characteristic and were rated similarly by the raters. This might produce a stronger item and perhaps more agreement on the rating of it by the psychiatrists.

3. Send the lists back to each rater and ask him to force a rating on each item marked "s"; i.e. ask him to rate it as either "vs" or "ls".
4. Send the check list to as many psychiatrists as possible.
5. Make personal contact with each rater; i.e. interpret the meaning of each item to them all thus getting some degree of constancy in what each psychiatrist would be rating.
6. Revise the entire check list by an intense study of the literature and then proceed to distribute it to the psychiatrists for rating.

The study appears, nevertheless, to indicate that the MMPI can distinguish between what has been assumed to represent the "psychopathic" and the "non-psychopathic" groups in a prison setting, with a significance of better than the 0.7% level of confidence on the Hy, Pd plus .4K, Pt plus 1K and Ma plus .2K scales. However, when the K factor is not added, these two groups are only distinguished on the Pd and Ma scales with a significance at better than the 0.07% level. Group I is also

distinguished from the "general" prison group (Group III) on the Pd and Ma scales when K is added, with a significance of better than the 0.4% level of confidence. When K is not added, Groups I and III are distinguished only by the Pd scale with a significance of better than 1%. Groups II and III may be segregated on the Ma scale when K is added, with a significance at better than the 0.27% level of confidence. When K is not added, the Hs, Pd and Ma scales differentiate the two groups with a level of confidence of greater than 0.5%.

It appears that the K factor which was designed to aid in the discrimination of the Hs, Pd, Pt, Sc and Ma scales (46) does not appear to function in that manner at all times with all groups. In fact, it appears that some of the scales show improvement in their discrimanatory power when K is not added (e.g. the Hs, Pd, Sc and Ma scales of Groups I and II; the Hs and Pd scores of Groups I and III; and the Hs, Pd, Pt, Sc and Ma scales of Groups II and III). In view of these findings, it is questionable whether the K scale is useful in increasing the differentiation power of these scales between a "psychopathic" and "non-psychopathic" group, and either of these groups from a "general" prison group.

Other studies have indicated that the Pd plus K and Ma plus K scales were useful in determining a psychopathic group (24, 45). However, these writers did

not find that the Hy and Pt plus K discriminated between their psychopathic and non-psychopathic groups. There are at least three possible hypotheses to account for the action of these scales as "discriminators" in this study and not in others:

1. Perhaps the Regina group, which was concluded to be "psychopathic," is not a "pure" group (i.e. it may have had a strong element of hysteria and psychasthenia as well as psychopathy).
2. Perhaps the groups on which the Pd scale was established and standardized were not "pure" psychopathic groups and, as such, did not exhibit the hysterical and psychasthenic characteristics evidenced by the Regina group.
3. The Regina group may portray characteristics of a psychopathic personality which were not previously recognized as such. That is, hysteria and psychasthenia may actually be components of a psychopathic personality.

CHAPTER 10

A SUMMARY OF THE ENTIRE STUDY

1. It appears possible to establish a method whereby a group such as may be found within a prison, may be diagnosed with a check list of psychopathic characteristics as psychopathic or non-psychopathic.
2. This method appears to be a relatively valuable tool, as it is based on unanimous psychiatric opinion where little convergence of psychiatric opinion exists.
3. Assuming that the check list is able to separate a prison population into either "psychopathic," "non-psychopathic" or "general" prison groups, the MMPI appears to be a very valid test in distinguishing these groups from one another in at least two scales.
4. The MMPI appears to distinguish the "psychopathic" from the "non-psychopathic" group on four scales, i.e. the Hy, Pd plus .4K, Pt plus 1K, and Ma plus .2K, with a significance better than the 0.7% level.
5. The MMPI appears to distinguish the "psychopathic" group from a "general" prison group on two scales, i.e. the Pd plus .4K and the Ma plus .2K scales with a significance better than 0.4% level.

6. The MMPI appears to distinguish the "non-psychopathic" group from a "general" prison group on the Ma plus .2K scale with a significance at better than the 1% level. When K is not added to the scales, these two groups are distinguished by the Hs, Ma and Pd scales at better than the 0.5% level of significance.
7. The "psychopathic" group appears to have an "abnormal" Pd scale much more often than the other two prison groups being discussed.
8. The "psychopathic" group exhibits Pd-Ma type of "abnormal" profile much more often than does the "non-psychopathic" or "general" prison group. The "non-psychopathic" group exhibit no abnormal Pd-type of profile.
9. The entire prison group appears to be a representative prison group when compared to a similar American prison group. This similarity is, of course, restricted to the MMPI profile.

From these results, it appears that one can segregate the psychopathic group from the non-psychopathic group in a prison setting. The definition of these groups will be based on the items in the final check lists, i.e. the psychopathic group will exhibit many more of these characteristics than will the non-psychopathic group. This segregation is possible with

the MMPI results, and further, perhaps gives an indication of other characteristics which the psychopath may exhibit and which the non-psychopath will show an absence of; e.g., hysterical and psychasthenic symptoms. One should be very cautious about this aspect of these findings in that the MMPI may not measure these two syndromes accurately. As the MMPI is a group test and valuable as such, rather than an individual one, care must be taken in the individual interpretation, especially of any one scale. These results would indicate, however, that further work might be done along the lines of determining the presence of hysterical and psychasthenic components in psychopaths.

One might perhaps question the finding that the items in the Pd scale and those on the Ma, Pt and Hy are measuring a similar component in the psychopath in this grouping. However, in the original studies done to establish the Pd scales (45) no findings were exhibited which indicated that these other scales showed any significant correlation with the Pd scale. This might indicate that the Regina group differs from those used by McKinley and Hathaway. On the basis of this, the writer is inclined to believe that there is a very strong possibility that McKinley and Hathaway were not working with as "pure" a psychopathic group as that represented in the present study, as a comparable group would likely show

better correlations between the Pd and Hs, Pt and Ma scales than did the original groups.

CHAPTER 11

USEFULNESS OF THIS STUDY

The validation of the MMPI in detecting the psychopath from the non-psychopath will be very useful in a prison classification scheme. It has been mentioned previously that many authorities consider the segregation of the psychopathic personality from the more amenable group in a prison is a must for any rehabilitation of the prisoners. The MMPI, being an easily administered and easily scored paper-and-pencil personality test, is a good instrument to use in such segregation. It may be used as a screening method to distinguish those who may be termed psychopaths from those individuals who will benefit more from less therapeutic work with them. As time is of utmost importance in work of this type, the MMPI should prove valuable--but only for screening procedures. It is probably not so good a test as the Rorschach, Thematic Apperception Test or Wechsler-Bellevue, but seems to be much more economical in time than these latter would be for screening purposes.

It is of interest to note that psychiatric diagnosis of the psychopath is very confused and unco-ordinated. This is not a local problem, but apparently exists

throughout at least North America. The method of arriving at the check list used in this study might be valuable for continued study into this area. It might even prove useful in clarifying diagnostic criteria for the psychopathic personality.

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APPENDIX I

ORIGINAL CHECK LIST

Instructions:

The following list contains frequently employed phrases used to describe the so-called "Psychopathic Personality." Please check those which you consider to be

Very Significant (v.s.)

Significant (s)

Little Significance (l.s.)

(Check as: v.s., s., l.s., respectively)

( ) 1. Unable to either understand or appreciate kindness.

( ) 2. Strong-headed

...etc.

The following consists of the items as they were given in the check list, along with the sources of each item (the sources from which the item was drawn).

1. Unable to either understand or appreciate kindness.

"Unable to understand and respond to accepted human values."--Coleman, J.C., Abnormal Psychology and Modern Life, Scott, Foresman and Co., N.Y. 1950

"Little or perverse responsiveness to special consideration or kindness."--Cleckley, H., The Mask of Sanity, St. Louis, C.V.Mosby Co. 1941

Modified by Karl Menninger, Bulletin of the Menninger Clinic, September 1941

2. Strong-headed.

"Strong-headed."--Weihofen, H., Insanity as a Defense in Criminal Law, Commonwealth Fund N.Y. 1933

3. Lacks discipline.

"Lacks Discipline"--Weihofen, H., Insanity as a Defense in Criminal Law, Commonwealth Fund, N.Y.

Taken from Hinsie and Shatzki, Psychiatric Dictionary, Oxford Med. Pub. N.Y. 1949

4. Prone to social climbing.

"Prone to social climbing."--Coleman, J.C., Abnormal Psychology and Modern Life, Scott, Foresman and Co. N.Y. 1950

5. Does not express love.

"Cannot express love."--Abrahamsen, D., Crime and the Human Mind, Columbia University Press, N.Y. 1944

"Tremendous egocentricity with practically no capacity for object love."--Cleckley, H., The Mask of Sanity, St. Louis, C.V.Mosby Co., 1941

Modified by Karl Menninger, Bulletin of the Menninger Clinic, September 1941

"Have never learned to develop object relationships." --Fenichel, O., The Psychoanalytic Theory of Neurosis, W. W. Norton and Co. Inc. 1945

"Their Oedipus complex and its solution are correspondingly disorganized, weak and inconsistent."--Fenichel, O., The Psychoanalytic Theory of Neurosis, W. W. Norton and Co. Inc. 1945

6. Unreliable, irresponsible, disappointing and irritable.

"Almost complete lack of dependability of and willingness to assume responsibility."--Gough, H.H., A Sociological Theory of Psychopathy, Am. Jour. Sociol. 1948 v 53

"He irritates, disappoints, distresses...by dissembling, lying, play-acting, pretending, etc., to cover up all sorts of aggressive self-exploiting behaviour--in short fraudulency and insincerity."--Menninger, Karl, Recognizing and Renaming 'Psychopathic Personalities,' Bulletin of the Menninger Clinic, September 1941

"He irritates, disappoints and distresses everyone." --Menninger, Karl, Recognizing and Renaming 'Psychopathic Personalities,' Bulletin of the Menninger Clinic, September 1941

Modified by Karl Menninger, Bulletin of the Menninger Clinic, September 1941

7. Has insufficient self-reliance.

"Insufficient self-reliance."--Diethelm, O., Psychopathic Personality, Basic Considerations of the Concept of. Taken from Handbook of Correctional Psychology. Taken by myself from Podolsky, E., Encyclopedia of Aberrations, Philosophical Library N.Y. 1953

8. Has low ethical standards.

"Have low ethical standards accompanied by the resulting social difficulties."--Diethelm, O., Psychopathic Personality, Basic Considerations of the Concept of. From: Handbook of Correctional Psychology. Taken from: Podolsky, E., Encyclopedia of Abberations, Philos. Library N. Y. 1953

9. Self-centered.

"Self-centered"--Abrahamsen, D., Crime and the Human Mind, Columbia University Press, N.Y. 1944 --Weihofen, H., Insanity as a Defense in Criminal Law, Commonwealth Fund, N.Y. 1933 Taken from: Hinsie and Shatzki, Psychiatric Dictionary, Oxford Med. Pub. N.Y. 1949

"Display complete egocentricity, which is also reflected in their sexual behaviour, which is narcissistic."--Karpman, B., The Problem of the Psychopathist, Psychiatric Quarterly III 1929. Taken from: Abrahamsen, D., Crime and the Human Mind, Columbia University Press N.Y. 1944

"Adult expression of narcissistic behaviour."--Richards, T.W., Modern Clinical Psychology, McGraw-Hill Bk. Co. N.Y. 1946

"External realities used for immediate personal gratification."--Coleman, J.C., Abnormal Psychology and Modern Life, Scott, Foresman and Co. N.Y. 1950

10. Appears to commit crimes in order to be caught and punished.

"Must involve himself in behaviour disorders in order to be punished."--Abrahamsen, D. Crime and the Human Mind, Columbia Univ. Press, N.Y. 1944

"Meaningless prevarication often about trivial matters in situations where detection is inevitable."--Gough, H.H. A Sociological Theory of Psychopathy, Am. Journ. Sociol. 1948 v 53

11. Very likeable.

"Often good sense of humor and generally optimistic outlook."--Coleman, J.C., Abnormal Psychology and Life, Scott, Foresman and Co., N.Y. 1950

"Spontaneous, genial and extremely likeable."--Coleman, J.C., Abnormal Psychology and Life, Scott, Foresman and Co., N.Y. 1950

12. Shows no concern over others rights when they interfere with personal satisfactions.

"Unconcern over the rights and privileges of others when recognizing that they would interfere with personal satisfaction in any way."--Gough, H.H. A Sociological Theory of Psychopathy, Am. Journ. of Sociol. 1948 v 53

13. Emotionally immature.

"Emotional immaturity or childishness with marked defects of judgement and without evidence of learning by experience."--Canada, Mental Statistics Handbook, Health and Welfare Div. Institution Sect. Ottawa, 1954.

"Emotional immaturity which is reflected in emotional instability."--Abrahamsen, D., Crime and the Human Mind, Columbia Univ. Press N.Y. 1944

"Emotionally unstable."--Hunt, J.M., Personality and the Behaviour Disorders, Vol. II, Ronald Press Co., N.Y. 1944

14. Has a history of delinquency.

"Usually shows a history of difficulties with educational and/or law-enforcement authorities."--Coleman, J.C., Abnormal Psychology and Modern Life, Scott, Foresman and Co., N.Y. 1950

"School and work careers were usually irregular and inefficient."--Hunt, J.M., Personality and the Behaviour Disorders, Vol II, Ronald Press Co., N.Y. 1944

"Delinquency and law-breaking in general."--Hunt, J.M., Personality and the Behaviour Disorders, Vol II, Ronald Press Co., N.Y. 1944

15. Able to lie convincingly in defence.

"Lying which is defensive rather than in fantasy."--Karpman, B., The Myth of the Psychopathic Personality Amer. Journal of Psychiatry 1948 v 104

16. Shows no consistent loyalty.

"He maintains no consistent fealty."

"Essentially disloyal, if not actively mutinous."

--Menninger, Karl, Recognizing and Renaming the 'Psychopathic Personalities,' Bulletin of the Menninger Clinic, Sept. 1941

17. Contentious

"Contentious: (grievances, threats, abusiveness)."

--Dawson, W.S., Aids to Psychiatry, William Woods and Co. N.Y. 1924. Taken from: Menninger, K., Recognizing and Renaming 'Psychopathic Personalities', Bulletin of the Menninger Clinic, Sept. 1941.

18. Persuasive conversationalist.

"Usually persuasive conversationalists"--Coleman, J.C., Abnormal Psychology and Modern Life, Scott, Foresman and Co. N.Y. 1950

19. Excites revengeful attitudes from environment.

"...so provocative that they excite revenge attitudes on the part of....the public generally, with the result that there is a tendency to mistreat them, thus giving them occasion to justify their aggressiveness."--Menninger, K., Recognizing and Renaming 'Psychopathic Personalities,' Bulletin of the Menninger Clinic, Sept. 1941

20. Dull, Phlegmatic.

"Dull, adynamic"--Hunt, J.M., Personality and the Character Disorders, Vol II, Ronald Press Co., N.Y. 1944

21. Was bully, cruel and cheater in childhood.

"Cruelty, cheating, bullying, etc., often apparent in childhood."--Cleckley, H., The Mask of Sanity, St. Louis, C.V. Mosby Co. 1941

22. Must express impulses regardless of consequences.

"Instinct-ridden characters"--Fenichel, O., The Psycho-analytic Theory of Neurosis, W. W. Norton and Co. Inc., N.Y. 1945

"Their impulse is yielded to immediately before any superego inhibitions can develop and 'remorse' is felt later, frequently after a displacement in quite another connection."--Fenichel, O., The Psycho-analytic Theory of Neurosis, W. W. Norton and Co. Inc., N.Y. 1945

"Behaviour is frequently impulsive and unplanned, and is executed with complete disregard for consequences."

"Inability to forego present pleasures for future gains or worthwhile, long-range goals."--Coleman, J.C., Abnormal Psychology and Modern Life, Scott, Foresman and Co., N.Y. 1950

"Impulsive reactions are common as are mood changes and rationalization." Canada, Mental Statistics Handbook, Dominion Bureau of Statistics, Health and Welfare Div., Inst. Sect. Ottawa, 1954

"Unable to control emotional strivings."

"Emotionally unstable."--Abrahamsen, D., Crime and the Human Mind, Columbia Univ. Press, N.Y. 1944

"Syndrome largely expressive of uncontrolled infantile ego assertion."

"Freedom of expression is paramount."

"Possessed of the adult's sexual drive" and "sees no reason for restraining it."--Richards, T.W., Modern Clinical Psychology, McGraw-Hill Book Company, N.Y. 1946

"Commits fraud even without a goal."--Cleckley, H., The Mask of Sanity, St. Louis, C.V.Mosby Co. 1941 taken from Richards,T.W., Modern Clinical Psychology, McGraw-Hill Book Company, N.Y. 1946

"Reckless and unruly"

"Uncontrollable temper"--Weihofen, H., Insanity as a Defense in Criminal Law, Commonwealth Fund, N.Y. 1933 Taken from: Hinsie and Shatzki, Psychiatric Dictionary, Oxford Me. Pub. N.Y. 1949

23. Shows inadequate and often aggressive behaviour to society.

"Conspicuous lack of sociability."--Hunt, J.M., Personality and Behavioural Disorders, Vol II Ronald Press Co., N.Y. 1944

"In need of an environment that....will not frown too sharply on his behaviour," thus "seeks out the brothel and tavern, not because he is sexually

distorted and alcoholic, but because he is there more sure of tolerance and acceptance."--Richards, T.W., Modern Clinical Psychology, McGraw-Hill Book Co., N.Y. 1946

"Has given evidence of outspoken social maladjustment. The maladjustment has been continuously or repeatedly recurrent over a long period of time."--Hunt, J.M., Personality and the Behaviour Disorders, Vol II Ronald Press Co., N.Y. 1944

"Unsatisfactory adjustment to the group in which these persons live."--Diethelm, O., Psychopathic Personality, Basic Considerations of the Concept of, From: Handbook of Correctional Psychology. Taken from: Podolsky, E., Encyclopedia of Aberrations, Philosophical Library, N.Y. 1953

"He is unable to adapt himself to his environment and is in episodieal or continual conflict with his surroundings."

"They manifest various inadequacies in their social behaviour, may be directly antagonistic, or show inadequacies in the psycho-sexual field which result in deviations of their sexual drive."--Abrahamsen, D., Crime and the Human Mind, Columbia Univ. Press N.Y. 1944

24. Seeks excitement.

"Prone to thrill seeking."--Coleman, J.C., Abnormal Psychology and Modern Life, Scott, Foresman and Co. N.Y. 1950

"Attacks of excitement."--Weihofen, H., Insanity as a Defense in Criminal Law, Commonwealth Fund, N.Y. 1933

Taken from: Hinsie and Shatzki, Psychiatric Dictionary Oxford Me. Pub. N.Y. 1949

"Conspicuously excitability."--Hunt, J.M., Personality and Behavioural Disorders, Vol II, Ronald Press Co., N.Y. 1944

25. Had loveless or inconsistent childhood environment.

Had a "loveless environment, or a very inconsistent environmental influence."--Fenichel, O., The Psychoanalytic Theory of Neurosis, W.W.Norton and Co. N.Y. 1945

26. Shows poor judgement, inadequate planning, and lack of perseverence in pursuing goals.

"Lack of persistence in pursuing goals."

Show (vague thinking caused by poor concept formation."

--Diethelm, O., Psychopathic Personality, Basic Considerations of the Concept of From: Handbook of Correctional Psychology. Taken from: Podolsky, E., Encyclopedia of Aberrations,Philisophical Library N.Y. 1953

"His anti-social conduct is self-destructive. That is

he does not apparently pursue any consistent scheme or goals that bring advantage."--Cleckley, H., Psychopathic Personality, Found in Branaham, V.C. and Kutash, S.B., Encyclopedia of Criminology, Philosophical Library, N.Y. 1949

"Poor judgement and planning in attaining defined goals."--Gough, H.H., A Sociological Theory of Psychopathy, Amer. Journal Sociol. 1948 v 53

27. Has attacks of irritability.

"Attacks of irritability."--Weihofen, H., Insanity as a Defense in Criminal Law, Commonwealth Fund, N.Y. 1933 Taken from: Hinsie and Shatzki, Psychiatric Dictionary, Oxford Med. Pub., N.Y. 1949

28. Lies for no apparent reason.

"Pathological liars."--Maughs, S., A Concept of Psychopathy and Psychopathic Personality--Its Evolution and Historical Development, Journal Criminal Psychop. Jan., 1941. Taken from: Menninger, K., Recognizing and Renaming Psychopathic Personalities, Bulletin of the Menninger Clinic, Sept. 1941

"Mendacious: (lie or steal without apparent forethought)."--Dawson, W.S., Aids to Psychiatry, William Woods and Co., N.Y. 1924. Taken from: Menninger, K., Recognizing and Renaming Psychopathic Personalities, Bulletin of the Menninger Clinic, Sept. 1941

29. Shows a general lack of feelings.

"Emotional poverty."--Gough, H.H., A Sociological Theory of Psychopathy, Am. Jour. of Sociol. 1948, v 53

"Poverty of affect."--Hunt, J.M., Personality and the Behaviour Disorders, vol II Ronald Press Co. N.Y. 1944

"General poverty of affect, including little if any sense of humor."--Cleckley, H., The Mask of Sanity, St. Louis, C.V.Mosby Co., 1941.

Modified by: Menninger, Karl, Bulletin of the Menninger Clinic, Sept. 1941

30. Eccentric in habit, clothes and beliefs.

"Socially unconventional behaviour which seriously interferes with adjustment."

"Eccentricities, among them peculiar ways of dressing and odd manners, unusual religious beliefs and extremist political and economic opinions, especially if these latter are expressed with an attitude of radical protest."--Hunt, J.M., Personality and Behavioural Disorders, vol II Ronald Press Co., N.Y. 1944

"Exaggerated ethical standards" as seen in "fanatics and in querulous types."--Diethelm, O., Psychopathic Personality, Basic Considerations of the Concept of, From: Handbook of Correctional Psychology

Taken from: Podolsky, E., Encyclopedia of Aberrations, Philosophical Library, N.Y. 1953

"An eccentric, highly individualistic, amoral person, usually with more than average physical attractiveness."--Carroll, H.A., Mental Hygiene the Dynamics of Adjustment, Prentice-Hall, Inc., N.Y. 1951

31. Has paranoid episodes.

"Attacks of paranoid episodes."--Weihofen, H., Insanity as a Defense in Criminal Law, Commonwealth Fund, N.Y. 1933. Taken from: Hinsie and Shatzki, Psychiatric Dictionary, Oxford Med. Pub. N.Y. 1949

32. Easy tools of propagandists.

"Easy tools of propagandists."--Menninger, K., Recognizing and Renaming 'Psychopathic Personalities,' Bulletin of the Menninger Clinic, Sept. 1941

33. Has incomplete emancipation from family or cultural background.

"Incomplete emancipation from one's family or cultural background."--Diethelm, O., Psychopathic Personality, Basic Considerations of the Concept of, From: Handbook of Correctional Psychology. Taken from: Podolsky, E., Encyclopedia of Aberrations, Philisophical Library, N.Y. 1953

34. Deceptive in manner and appearance...maintains a "front."

"Puts up a front or facade for the benefit of the

person he desires to impress or exploit. Usually he is hyperagreeable, sometimes the reverse."--Menninger, K, Recognizing and Renaming the 'Psychopathic Personalities," Bulletin of the Menninger Clinic, Sept. 1941

"Apparent insight seems to be only verbal...he lacks insight to a degree not suggestive of psychoneurosis but psychosis."--Cleckley, H., Psychopathic Personality Found: Branham, V.C., and Kutash, S.B., Encyclopedia of Criminology, Philosophical Library, N.Y. 1949

35. Has feelings of not belonging to society.

"A lack of belonging."

"Lack the need to share with others."

"A lack of feeling with others leading to callous or even cruel acts."

--Diethelm, O., Psychopathic Personality, Basic Considerations of the Concept of, From: Handbook of Correctional Psychology. Taken from: Podolsky, E., Encyclopedia of Aberrations, Phil. Library, N.Y. 1953

36. Shows impulsive, unwise, unpredictable generosity.

"Impulsive, unwise, unpredictable generosity."

--Cleckley, H., The Mask of Sanity, St. Louis, C.V.Mosby Co. 1941. Modified by: Menninger, K., Bulletin of the Menninger Clinic, Sept. 1941

37. Has attacks of depression.

"Attacks of depression."--Weihofen, H., Insanity as a Defense in Criminal Law, Commonwealth Fund, N.Y. 1933. Taken from: Hinsie and Shatzki, Psychiatric

Dictionary, Oxford Medical Pub., N.Y. 1949

38. Seeks fellowship of "bad" companions while having a good time.

"Bad companions elected consistently."--Cleckley, H., The Mask of Sanity, St. Louis, C.V.Mosby Co., 1941 Modified by Menninger, K., Bulletin of the Menninger Clinic, Sept. 1941

"In the process of enjoying himself....having a good time.... sex and alcohol are incidentals."--Richards, T.W., Modern Clinical Psychology, McGraw-Hill Book Co., N.Y. 1946

39. Tends to seek aggressive provocation.

"Have a rebellious and antagonistic attitude." --Diethelm, O., Psychopathic Personality, Basic Considerations of the Concept of. From: Handbook of Correctional Psychology. Taken from: Podolsky, E., Encyclopedia of Aberrations, Philosophical Library N.Y. 1953

40. Does not profit by experience.

"Incidence of recidivism is high."--Hunt, J.M., Personality and the Behavior Disorders, vol II Ronald Press Co., N.Y. 1944

"Bad judgment and inability to profit by experience." --Cleckley, H., The Mask of Sanity, St. Louis, C.V. Mosby Co., 1941. Modified by Menninger, K., Bulletin of the Menninger Clinic, Sept. 1941

"Irresponsibility with disregard of consequences."
"Inability to profit from experience leads to repeated misdemeanours such as stealing, untruthfulness, truancy and irresponsibility with regard to social and financial obligations."--Diethelm, O., Psychopathic Personality, Basic Considerations of the Concept of, Taken from: Handbook of Correctional Psychology. From: Podolsky, E., Encyclopedia of Aberrations, Philosophical Library, N.Y. 1953

41. Shows shocking behaviour when drinking heavily.
"Very frequently prominence of excessive drinking associated with shocking and fantastic behaviour with little or no alcohol."
"Utterly bizarre and preposterous conduct when drinking heavily."--Cleckley, H., The Mask of Sanity, St. Louis C.V.Mosby Co., 1941. Modified by Menninger, K., Bulletin of the Menninger Clinic, Sept. 1941

42. Caused trouble in childhood by truancy, stealing, etc.
"Has caused trouble by truancy in his childhood."
"Has caused trouble by....petty stealing or other type of anti-social activity in his childhood."
--Abrahamsen, D., Crime and the Human Mind, Columbia University Press, N.Y. 1944

43. Blames others for troubles.
"Continual projection of blame."--Cleckley, H., The Mask of Sanity, St. Louis, C.V.Mosby Co., 1941. Modified by Menninger, K., Bulletin of the Menninger

Clinic, Sept. 1941

44. A Malingerer.

"Skulking: (malingerers)."--Dawson, W.S., Aids to Psychiatry, William Woods and Co., N.Y. 1924

45. Shows peculiar sexual behaviour.

"Very often have a twisted sexual life, leading one to believe that their personality condition has a touch of perversion."--Abrahamsen, D., Crime and the Human Mind, Columbia University Press, N.Y. 1944

"Aberrant sexual behaviour."--Hunt, J.M., Personality and Behavioural Disorders, vol II Ronald Press Co., N.Y. 1944

"Sexual: (uncontrolled, often perverse)."--Dawson, W.S., Aids to Psychiatry, William Woods and Co., N.Y. 1924

Taken from: Menninger, K., Bulletin of the Menninger Clinic, Sept. 1941

"Striking peculiarities of sexual behaviour...ostentatiousness, sordid surroundings, degraded and perverse objects, no restraint or taste, excess, often impotence or frigidity or defeat of aim by drunkeness, aggressiveness, etc."--Cleckley, H., The Mask of Sanity, St. Louis, C.V.Mosby Co., 1941. Modified by Menninger, K., Bulletin of the Menninger Clinic, Sept. 1941

"Pronounced moral perversity, criminality and sexuality." --Weihofer, H., Insanity as a Defense in Criminal Law,

Commonwealth Fund, N.Y. 1933. Taken from: Hinsie and Shatzki, Psychiatric Dictionary, Oxford Med. Pub. N.Y. 1949

46. Has attacks of transient confused states.

"Attacks of transient confused states."--Weihofen, H., Insanity as a Defense in Criminal Law, Commonwealth Fund, N.Y. 1933. Taken from: Hinsie and Shatzki, Psychiatric Dictionary, Oxford Med. Pub. N.Y. 1949

47. Intelligence is average or above average.

"Typically average or above average in intelligence." --Coleman, J.C., Abnormal Psychology and Modern Life, Scott, Foresman and Co., N.Y. 1950

"Intelligence may be normal or superior, but not infrequently is borderline."--Canada, Mental Statistics Handbook, Dominion Bureau of Statistics, Health and Welfare Division, Institutional Section, Ottawa, 1954

"They give a false impression of superficial brilliance and are later very disappointing."--Menninger, K., Recognizing and Renaming 'Psychopathic Personalities' Bulletin of the Menninger Clinic, Sept. 1941

"Superficial attractiveness, cleverness, facility in talking, and often (not always) apparent intelligence." --Cleckley, H., The Mask of Sanity, St. Louis, C.V. Mosby Co., 1941. Modified by: Menninger, K., Bulletin of the Menninger Clinic, Sept. 1941

48. Does not achieve genuine friendship.

"No close friends."--Coleman, J.C., Abnormal Psychology and Modern Life, Scott, Foresman and Co., N.Y. 1950

"Inability to form deep or interpersonal relationships." --Gough, H.H. A Sociological Theory of Psychopathy, Amer. Jour. Sociol. 1948, vol. 53

"Playing off one 'Friend' against another, 'double crossing' both."--Cleckley, H., The Mask of Sanity, St. Louis, C.V.Mosby Co., 1941. Modified by: Menninger, K., Bulletin of the Menninger Clinic, Sept. 1941

49. A work-evader, tramp, beggar, vagabond.

"Vagabondage"--Hunt, J.M., Personality and Behaviour Disorders, vol II Ronald Press Co., N.Y. 1944

"Skulking: (work evaders, tramps, beggars)."--Dawson, W.S., Aids to Psychiatry, William Woods and Co., N.Y. 1924. Takem from: Menninger, K., Bulletin of the Menninger Clinic, Sept. 1941

50. Conscience poorly developed.

"Conscience is poorly developed."

"Deficiency in moral and ethical values."

"Has a happy faculty of completely rationalizing and projecting and responsibility for his unacceptable behaviour."

"Frequently shows a superficial regret for misdeeds,

and may even promise in a very convincing manner to reform, but his inability to understand the actual implications of his behaviour soon leads to a repetition of the undesirable behaviour patterns."
--Coleman, J.C., Abnormal Psychology and Modern Life, Scott, Foresman and Co., N.Y. 1950

"Bribing of the superego by purchasing of instinctual liberties by the anticedent or simultaneous fulfilment of an ideal requirement or a punishment."
"Their superego is not lacking but incomplete or pathological, and the reactions of the ego to the pathological superego reflect the ambivalences and contradictions which these people felt toward their first objects."--Fenichel, O., The Psychoanalytic Theory of Neurosis, W.W. Norton and Co., Inc., N.Y. 1945

"Absence of a sincere sense of shame."--Cleckley, H., The Mask of Sanity, St. Louis, S. V. Mosby Co., 1941
Modified by: Menninger, K., Bulletin of the Menninger Clinic, Sept. 1941

51. Refuses to accept behaviour as inadequate and thus has no genuine concern or anxiety over it.

"Appears to have a genuine lack of concern."--Cleckley, H. Psychopathic Personality, in Branaham, V.C., and Kutash, S.B., Encyclopedia of Criminology, Phil. Library, N.Y. 1949

"Apparent lack of anxiety and distress over social maladjustments and unwillingness or inability to consider maladjustment qua maladjustment."--Gough, H.H., A Sociological Theory of Psychopathy, Amer. Jour. Sociol. 1948 vol 53

"They reveal a superior attitude and have throughout their entire life showed no inclination to be corrected."--Abrahamsen, D., Crime and the Human Mind, Columbia University Press, N.Y. 1944

52. Takes what he likes.

"Aggressive."

"Aggression, which is a form of chronic self-destruction. In acting out their aggressions, these persons wreck their own lives, creating inconvenience and trouble in their own family and causing damage to society in such a way that in many instances they have to be taken care of."--Abrahamsen, D., Crime and the Human Mind, Columbia University Press, N.Y. 1944

"Aggressive, he takes what he wants."--Richards, T.W., Modern Clinical Psychology, McGraw-Hill Book Co. N.Y. 1946

"Pathological degrees of aggression."--Diethelm, O., Psychopathic Personality, Basic Considerations of the Concept of, Taken from: Handbook of Correctional Psychology. Found in: Podolsky, E., Encyclopedia of Aberrations, Phil. Library, N.Y. 1953

53. Makes insincere suicidal attempts occasionally.

"Infrequent sincere suicidal attempts."--Cleckley, H., The Mask of Sanity, St. Louis, C.V. Mosby Co. N.Y. 1941. Modified by: Menninger, K., Bulletin of the Menninger, Clinic, Sept. 1941

54. Blames others for his troubles.

(Sources are same as found in 43.)

55. Shows alternate active and remorseful periods.

"Alteration of periods of action and periods of remorse."--Fenichel, O., The Psychoanalytic Theory of Neurosis, W.W. Norton and Co., Inc., N.Y. 1945

"Reactions are episodal in character."--Weihofen, H., Insanity as a Defense in Criminal Law, Commonwealth Fund, N.Y. 1953. Taken from: Hinsie and Shatzki, Psychiatric Dictionary, Oxford Med. Pub. N.Y. 1949

56. Shows no regard for rules and mores.

"He breaks the rules as if he had a presumed impunity for the consequences which affect other people."

--Menninger, Karl, Recognizing and Renaming 'Psychopathic Personalities', Bulletin of the Menninger Clinic, Sept. 1941

"Rejection of constitutional authority and discipline."

--Coleman, J.C., Abnormal Psychology and Modern Life, Scott, Foresman and Co., N.Y. 1950

"Total disregard for the truth, honesty, fairness and justice."--Cleckley, H., Mask of Sanity, St. Louis,

C.V.Mosby Co., 1941, Modified by: Menninger, K., Bulletin of the Menninger Clinic, Sept. 1941

"Rebellion against all types of authority, restrictions, etc."--Hunt, J.M., Personality and the Behaviour Disorders, vol II Ronald Press Co., N.Y. 1944

57. Shows no classical psychotic or mental defective symptoms.

"Freedom from Classical psychotic symptoms." --Cleckley, H., The Mask of Sanity, St. Louis, C.V.Mosby Co., 1941. Modified by: Menninger, K., Bulletin of the Menninger Clinic, Sept. 1941

APPENDIX II

FINAL CHECK LIST

1. Unable either to understand or appreciate kindness.(1)[1]
2. Unreliable, irresponsible, disappointing and irritating. (2)
3. Has low ethical standards. (2)
4. Shows no concern over other's rights when they interfere with personal satisfactions. (2)
5. Must express impulses regardless of consequences. (2)
6. Shows poor judgment, inadequate planning and lack of perseverence in pursuing goals. (2)
7. Does not profit by experience. (2)
8. Blames others for his troubles. (2)
9. Conscience poorly developed. (2)
10. Refuses to accept behaviour as inadequate and thus has no genuine concern or anxiety over it. (2)
11. Makes insincere suicidal attempts occasionally. (1)
12. Shows no regard for rules or mores. (2)

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1 The weighting given each item. (i.e. Items rated as "vs" were given a rating of 2; items rated as "s" were given a weighting of 1; items rated as "ls" were given a weighting of 0 and were thus not included in the final check list.

APPENDIX III

The following are the fifty items on the Pd scale and are designated as either being answered as T (true) or F (false) according to the manner in which the "psychopath" would answer them. They are numbered as they appear in the group form.

8. My daily life is full of things that keep me interested. (F)
16. I am sure I get a raw deal from life. (T)
20. My sex life is satisfactory. (F)
21. At times I have very much wanted to leave home. (T)
24. No one seems to understand me. (T)
32. I find it hard to keep my mind on a task or job. (T)
33. I have had very peculiar and strange experiences. (T)
35. If people had not had it in for me, I would have been much more successful. (T)
37. I have never been in trouble because of my sex life.(F)
38. During one period when I was a youngster I engaged in petty thievery. (T)
42. My family does not like the work I have chosen (or the work I intend to choose for my life work). (T)
61. I have not lived the right kind of life. (T)
67. I wish I could be as happy as others seem to be. (T)
82. I am easily downed in an argument. (F)
84. These days I find it hard not to give up hope of amounting to something. (T)

91. I do not mind being made fun of. (F)

94. I do many things which I regret afterwards (I regret things more or more often than others seem to). (T)

96. I have very few quarrels with members of my family. (F)

102. My hardest battles are with myself. (T)

106. Much of the time I feel as if I have done something wrong or evil. (T)

107. I am happy most of the time. (F)

110. Someone has it in for me. (T)

118. In school I was sometimes sent to the principal for cutting up. (T)

127. I know who is responsible for most of my troubles. (T)

134. At times my thoughts have raced ahead faster than I could speak them. (F)

137. I believe that my home life is as pleasant as that of most people I know. (F)

141. My conduct is largely controlled by the customs of those about me. (F)

155. I am neither gaining nor losing weight. (F)

170. What others think of me does not bother me. (T)

171. It makes me uncomfortable to put on a stunt at a party even when others are doing the same sort of things. (F)

173. I liked school. (F)

180. I find it hard to make talk when I meet new people. (F)

183. I am against giving money to beggars. (F)

201. I wish I were not so shy. (F)

215. I have used alcohol excessively. (T)

216. There is little love and companionship in my family as compared to other homes. (T)

224. My parents have often objected to the kind of people I went around with. (T)

231. I like to talk about sex. (F)

235. I have been quite independent and free from family rule. (F)

237. My relatives are nearly all in sympathy with me. (F)

239. I have been disappointed in love. (T)

244. My way of doing things is apt to be misunderstood by others. (T)

245. My parents and family find fault with me more than they should. (T)

248. Sometimes without any reason or even when things are going wrong I feel excitedly happy, "on top of the world." (F)

267. When in a group of people I have trouble thinking of the right things to talk about. (F)

284. I am sure I am being talked about. (T)

287. I have very few fears compared to my friends. (F)

289. I am always disgusted with the law when a criminal is freed through the arguments of a smart lawyer. (F)

294. I have never been in trouble with the law. (F)

296. I have periods in which I feel unusually cheerful without any special reason. (F)

APPENDIX IV

FORMULAS

The formulas used in the statistics in this study are as follow:

<u>Mean</u> equals $\frac{\text{sum of individual scores}}{\text{total no. of scores}}$ i.e. $M = \frac{\Sigma X}{N}$

<u>Standard Deviation</u> $\sigma = \sqrt{\frac{\Sigma X^2}{N} - M^2}$

<u>Critical Ratio</u> equals $\frac{M_1 - M_2}{\sqrt{\frac{\sigma^2}{N_1} + \frac{\sigma^2}{N_2}}}$

APPENDIX V

MEAN VERBAL, PERFORMANCE AND FULL SCALE I.Q.'S FOR GROUPS I, II AND III (INCLUDING THE STANDARD DEVIATION FOR EACH GROUP)

Group	Mean Verbal		Mean Performance		Mean Full Scale	
	I.Q.	S.D.	I.Q.	S.D.	I.Q.	S.D.
I	95.15	15.1	104.0	12.6	99.6	16.8
II	92.9	15.2	100.0	16.3	95.9	9.2
III	91.4	11.2	100.5	13.3	95.6	11.5

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